Community Grants

We aspire to create healthier communities through our efforts and by engaging others in building new visions and models of care. Our community: Beyond our contribution in healthcare, we also recognize our role as a good corporate citizen of our service area, our state and nation. We strive to be an economic, intellectual and social asset in the communities we serve. Our Community Grants Program allow us to give back to our community partners, helping them be successful in the joint effort of creating a healthier community.

Applicants must be a 501 c 3 organizations. Limited number of grants will be given annually. All applications will be review and funds distributed quarterly. Grants range from $500 to $5,000.

Application must be completed online. All applications will be reviewed by a Sky Lakes employee panel with priority given to those applications that best meet the project focus area.

Sky Lakes will not contribute to:

Individuals
Political campaigns/parties
Religious organizations
Solicitations received by form-letter groups that discriminate on the basis of age, race, sex or national origin, or
Activities that do not advance our public or corporate purpose.

AREAS OF FOCUS:

Project focus must be in the following areas: Health & Wellness, Education, Economic Development, Environment, and the arts.

Health, wellness, and safety activities and programs
STEM&M-related education events and programs
Specific economic development programs that are consistent with the Sky Lakes mission
Community Health Implementation Plan (CHIP) priority areas:

Length of Life and Quality of Care (Behavioral Health)
Quality of Life and Health Behaviors (Physical Health)
Access to Care (Oral Health)
Maternal and Child Health
Social and Economic Factors
Physical Environment
Deadlines:
Cycle 1
Sept 30th 2019 Applications Due
October 1-15 2019 Applications Reviewed
October 21-25 2019 Grant Awards Announced and Distributed

Cycle 2
December 31st 2018 Applications Due
January 1-15 2019 Applications Reviewed
January 21-15 2019 Grant Awards Announced and Distributed

Cycle 3
March 31st 2019 Applications Due
April 1-15 2019 Applications Reviewed
April 22-26 2019 Grant Awards Announced and Distributed

Cycle 4
June 30th 2019 Applications Due
July 1-15 2019 Applications Reviewed
July 22-26 2019 Grant Awards Announced and Distributed

Name of Organization

Is your organization a 501 (c) 3?  ○ Yes  ○ No

Thank you for your inquiry, but only 501 (c) 3 organizations are considered for SLMC Community Grants. Will not be accepting your application at this time.

Please upload your organizations IRS determination letter.

Organization mission and vision.

Organization Address

State

City
Zipcode


Contact:
First Name


Last Name


Email Address


Phone Number


Website


Is the funding request for a sponsorship or a project?

☐ Fundraising event    ☐ Project/Program

Grant request amount


Area of Focus

What Area of Focus does your project or event most align with? More information about CHIP Priorities go to www.Healthyklamath.org

☐ Health, wellness, and safety activities and programs
☐ STEM&M-related education events and programs
☐ Specific economic development programs that are consistent with the Sky Lakes mission
☐ CHIP Priority: Length of Life and Quality of Care (Behavioral Health)
☐ CHIP Priority: Quality of Life and Health Behaviors (Physical Health)
☐ CHIP Priority: Access to Care (Oral Health)
☐ CHIP Priority: Maternal and Child Health
☐ CHIP Priority: Social and Economic Factors
☐ CHIP Priority: Physical Environment

How does [org_name]'s project/event fit SLMC Focus Areas?


Project/program name


Is the [projct_name] an emergency?

☐ Yes    ☐ No
Project description: Describe your project. Include the following: What are the overall objectives of this project? What partners are being utilized? What need is this project filling? Has your organization done similar projects?

Timeline: Project start date, completion date

Impact: Describe the population served by your project? What is the anticipated impact? If this project did not exist how would it effect the community? How will you measure your impact? How is this project making a lasting impact on the population you are serving?

Sustainability: If this project is ongoing, how will it be funded in the future? What partners have been involved in the process? If this is a one time project, how will future projects benefit from what you have learned?

Budget: Briefly describe project budget? What other funding sources is this project using? Will SLMC donation be used to leverage additional funding?

Recognition: How will Sky Lakes be recognized publicly for it's donation? Will project participants know of Sky Lakes donation?

Event name

EVENT: Describe event needing sponsorship. Please include the reason your organization is raising funds and how long this event has been around. Who will be attending this event? Who all is involved in the planning and execution of this event?

Event date

Impact: Describe the population your organization serves. How does your organization improve the health of our community?
Recognition: How will Sky Lakes be publicly recognized for its donation? Will project participants know of Sky Lakes donation? Describe any media coverage expected.

Would Sky Lakes be the only hospital/health care company sponsoring?

☐ Yes  ☐ No

If so, who are the other health care companies sponsoring?

Measurable: How are the results of this event measured? (# served, promotion audience, funds raised, # attendance) If not the first time for this event, how has this event been successful in the past?

Fundraising Goals: How does this event fit into other fundraising goals? What other sponsors have been solicited for this event? If fundraising goals are not met by this event, how will that effect programming? How is Sky Lakes a good fit for this event?