To request a cash donation, in-kind contribution, sponsorship or event participation, complete this form and mail it to:

c/o Community Health & Well-Being
1055 N. Curtis Rd, Boise, ID 83706

Please allow 90 days between the date of your request and event deadline. Attach any additional information regarding your request. Call (208) 367-8924 with any questions.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>____________________________________________</th>
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<tbody>
<tr>
<td>Your 501(c)(3) tax identification number</td>
<td>__________________________ (Please attach documentation)</td>
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<tr>
<td>Organization Address</td>
<td>____________________________________________ City, State, Zip</td>
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<tr>
<td>Executive Director or Main Contact Person</td>
<td>____________________________________________</td>
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<tr>
<td>Phone</td>
<td>__________________________ Email</td>
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<td>Briefly state your organization's mission</td>
<td>____________________________________________</td>
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**Event Information:** *If your request involves an event, please give us information about the event*

| Event Name | ____________________________________________ |
| Location | ____________________________________________ |
| Event Date | __________________________ Deadline (for printing programs, etc.) | __________________________ Estimated Attendance | __________________________ |

**What are you requesting from Saint Alphonsus?**

- [ ] Cash Donation
  - Amount Requested $____________________
  - Purpose

- [ ] In-Kind Contribution:
  - Items/Services Requested
  - Quantity _______

- [ ] Event/Program Sponsorship:
  - Amount Requested $____________________
  - If there are varying sponsorship levels, please attach details
  - Are you requesting Saint Alphonsus staff or volunteer participation? [ ] Yes [ ] No

- [ ] Table Purchase at Event:
  - Cost Per Table $____________________
  - Seats Per Table #____________________

**Please list any contacts you work with at Saint Alphonsus:** ____________________________________________

**How will Saint Alphonsus' contribution be recognized?**
Project Summary:
Please summarize your funding request:

Alignment:
A. Saint Alphonsus' key community health and wellbeing priorities include:
   - Access to safe, affordable housing including people experiencing homelessness
   - Substance use, including tobacco prevention and cessation as well as e-cigarettes
   - Mental health or oral health
   - Access to affordable healthcare

   Does your proposal address any of these priorities?  ❑ Yes  ❑ No  If yes, how?

B. Does your proposal provide any of the following:

   ❑ Increased awareness or education of a health or health care related topic

   ❑ Direct services to individuals and families

   ❑ An environmental change—changing the physical or built environment to enable and empower people to engage in more healthful behavior

   ❑ A systems change—changing the way an organization(s) does business to increase access to health care or enable people to engage in more healthful behavior

   ❑ A policy change—efforts to change written policy (organizational, municipal, state, etc.) to improve the health of our community members

   If so, please describe:

Ongoing funding:
Has your organization received funding from Saint Alphonsus in the past 3 years?  ❑ Yes  ❑ No  If so, what was funded, and what was the impact of the project? How was Saint Alphonsus recognized for the past contributions?
Budget Summary & Justification

1. Budget Line Items:

<table>
<thead>
<tr>
<th>Itemized list (Include travel &amp; conference fees, equipment, supplies, fees, printing, etc.)</th>
<th>Amount Requested</th>
<th>Amount Contributed by Other Source(s)</th>
<th>Total Project/Program Costs</th>
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<tbody>
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<td><strong>TOTALS</strong></td>
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</table>

*You may expand/modify this budget table as needed.*

*Quotes must be attached.*

2. **Budget Narrative.** Please provide a specific, itemized explanation (and calculations) for all expenses for which you are seeking funding, as well as all related expenses which will be funded by another source.

3. **Sustainability.** Explain how your project is cost-effective and/or how any ongoing program expenses will be funded following the full expenditure of this grant award.

4. What would happen if this project were not funded through this application?

5. Is partial funding an option for your project? Please explain.

6. **Evaluation:** Describe anticipated impact in the community.

Signature ______________________________________ Date ____________________

Revised 9/1/2021

Saint Alphonsus Community Contributions Request