



Saint Alphonsus Contribution Request Form -- SAHS

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

E-Mail to: Rebecca.Krahenbuhl@saintalphonsus.org or

Mail to: Saint Alphonsus Community Contributions
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) 367-6161 with any questions.

Organization Name _____
Your 501(c) (3) tax identification number _____ (Please attach documentation)
Organization Address _____ City, State, Zip _____
Executive Director or Main Contact Person _____
Phone _____ Email _____

Briefly state your organization's mission:

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 Al's staff/volunteer participation? Yes No
- Table Purchase at Event: Cost Per Table _____ Seats Per Table _____

If you already have Saint Alphonsus contact(s), please list name(s):

How will Saint Alphonsus' contribution be recognized?

Alignment:

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?

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:

Itemized list (Include travel & conference fees, equipment, supplies, fees, printing, etc.) ♦ ♦ ♦	Amount Requested	Amount Contributed by Other Source(s)	Total Project / Program Costs
TOTALS			

(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. Please describe the anticipated impact of this program.

Signature _____ *Date* _____