

Riverview Foundation



MAKING A COMMUNITY GRANT REQUEST

Riverview Health Care Foundation was created by Riverview Hospital Association in December 1984. In 2015 the Riverview Health Care Foundation became the Aspirus Riverview Foundation as a result of the Riverview Hospital affiliation with Aspirus. The primary beneficiary of funds is the Aspirus Riverview Hospital Association, however the Articles of Incorporation also state that the Foundation may make grants to non-profit tax exempt organizations in Wood County for health-related programs and projects.

The following Community Grant Request form must be submitted to the Foundation office no less than two weeks prior to a Board of Directors grant meeting in order for the Board to review the request. Foundation Board members are scheduled to meet the 2nd Tuesday in February, May, August, and November to review grant requests.

A spokesperson of the requesting organization will be asked to attend the Foundation Board meeting to answer questions of the directors regarding the request.

Along with the following Community Grant Request form, please include the information below:

- *A list of the board of directors of your organization.*
- *A list of the officers of your organization.*
- *Relevant financial information (i.e., detailed breakdown of projected expenses, price quotes, etc.).*
- *A brief history of your organization.*
- *Any other information you feel the Board should know about your organization or project.*

Please mail to: Aspirus Riverview Foundation, 410 Dewey Street, Wisconsin Rapids, WI 54494

You will be informed of the disposition of your request within one week of the Board Meeting.

If you have any questions, please call Aspirus Riverview Foundation at 715-421-7488.

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COMMUNITY GRANT REQUEST FORM

- **Name of organization making request:** _____
- **Address:** _____
- **Phone:** _____
- **Name/Title of individual making request:** _____

- **Do you have a non-profit status – 501 (c) (3)? ____ Yes ____ No**
- **Are you a United Way agency? ____ Yes ____ No**
- **Number of dollars being requested?** _____
- **How will you use the funds requested? Program? Project? Equipment?**
Be specific: _____

- **Number of people to benefit from funding:** _____
- **Is the Foundation being asked for the total funding needed? ____ Yes ____ No**
- **Will you be requesting funds from any other source? ____ Yes ____ No**
If yes, how much and from whom? _____

- **Will you be using any of your current funds? ____ Yes ____ No**
- **Is this a one-time request? ____ Yes ____ No**
- **Would you expect to make subsequent requests? ____ Yes ____ No**
If yes, explain: _____
