



CHS Caregivers Fund

GRANT APPLICATION OVERVIEW

CATHOLIC HEALTH SERVICES OF LONG ISLAND MISSION:

Catholic Health Services of Long Island (CHS), as a ministry of the Catholic Church, continues Christ's healing mission, promotes excellence in care and commits itself to those in need. CHS affirms the sanctity of life, advocates for the poor and underserved, and serves the common good. It conducts its health care practice, business, education and innovation with justice, integrity and respect for the dignity of each person.

CHS CAREGIVERS FUND MISSION:

To assist health care organizations, both here and abroad, with a preference to Catholic organizations, that will use the funds to obtain basic resources to assist their caregivers on the frontlines in providing care to those desperately in need.

RECIPIENT SELECTION:

The recipients are selected based on the following criteria:

- Clear and identified need
- Ability to use funds responsibly
- Support for caregivers on the frontlines
- Confirmation of eligibility of source
- Ability to use funds for recommended purposes

AMOUNT OF FUNDING:

Funds will be distributed according to the number of applications selected and the amount available for disbursement.

TIMELINE (dates are subject to change, as needed, by the committee):

- Requests must be submitted by August 15 (Feast of the Assumption)
- Decisions will be made by October 7 (Feast of the Holy Rosary)
- Distributions will be made by December 8 (Feast of the Immaculate Conception)
- Within six months from the receipt of donations, the recipients will provide follow-up reports, including pictures, if possible

The application is available online at caregiversfund.chsli.org. If you have any questions, email caregiversfund@chsli.org.



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GRANT APPLICATION

All information must be furnished on this application form except budgets, financial statements, annual reports or a brief description of your organization, all of which should be submitted as an attachment. Only information requested should be forwarded at this time. No material will be returned.

Date of application: _____

Name of organization submitting the grant - please list exact legal name:

Describe the work of your organization, including a brief description of its history and mission, the need or problem that you work to address and the population you serve:

Address of organization: _____

Telephone number: _____ Fax: _____

Executive director of organization submitting grant and email: _____

Contact person, title and email (if not executive director): _____

Is your organization an IRS 501 (c) (3) not-for-profit? Yes _____ No _____

If No, please explain or send an appropriate letter of explanation:

Grant request: \$ _____

Check one: General operating support _____ Specific project support _____

Total project budget (if requesting project support): _____

Project name (if applicable): _____

If applying for general operating support, briefly describe how this grant would be used:

If applying for specific project support, please explain the project, including 1) primary purpose and need or problem that you are seeking to address and 2) the population you plan to serve and how this population will benefit from the project:

Dates covered by project budget; keep in mind that grants are awarded by December 8th:
(mo/date/year) _____ to (mo/date/year) _____

Please explain what you expect to have achieved by the end of the funding period:

Attachments—please label all attachments to correspond to the requests below:

1. Financial statement, audited if available, for the most recent fiscal year.
2. A copy of your most recent IRS letter (if a domestic organization) indicating your tax-exempt status, or, if not available, an explanation.
3. Several examples, if available, of recent articles, letters or evaluations of your organization.