

## **Request for Grants Anna T. Jeanes Foundation**

### **Our Mission is to:**

- Continue the Quaker Presence and Values in Jeanes Hospital and its community;
- Provide for the health and wellness of the geographic community served by Jeanes Hospital;
- Continue to support Jeanes Hospital and the Health System with which it is affiliated.

### **We will accomplish this by:**

- Supporting the continuation of a Pastoral Care Program at Jeanes Hospital based on Friends' values and principles;
- Supporting Community health and wellness needs through networking, advocacy, fundraising and grant distribution;
- Providing grants to worthy Community or Quaker organizations or Individuals as one of the ways to further its Mission.

### **General Requirements**

To be considered for a Grant, the individual or organization (Requestor) must complete an application and submit it to ATJF for review by its Grant Committee or by its Board of Directors as a whole.

Requestors are eligible if they can demonstrate:

1. That the purpose for which funds are being requested provides for the ongoing support of Jeanes Hospital Pastoral Care Program or directly improves the health and wellness of the geographic community served by Jeanes Hospital;

2. That all funds received shall be used solely for the purpose of the request; and

3. That the requestor is a private individual or a not-for-profit entity as described under §501(c)3 of the Internal Revenue Code.

## **Timeline for submission of applications**

Applications for grants to fund Health, Wellness and Safety initiatives planned by the Jeanes Hospital will be accepted at any time during the fiscal year.

The Foundation will accept applications from the community served by the Jeanes Hospital beginning on Oct 1st of each year with a closing date for submission of November 30.

Each Application for a Grant will be reviewed individually. Previous awards will be taken into consideration at each review. At no time will the award of a Grant be construed as a guarantee of future or continuing awards.

## **Grants Application**

Grants are provided for activities that support the Community at large or the Pastoral Care program at Jeanes Hospital. Grants are awarded without the need for repayment.

Grants may be awarded for activities such as:

1. Community health fairs or health screenings;
  2. Community wellness seminars or educational programs;
  3. Community initiatives that support safety
- and other such activities as may be approved by ATJF from time to time.

Grants will not be awarded for:

1. Medication or medical services for an individual, or
2. Behavioral, psychological or spiritual counseling for an individual or family.

## **General Terms and Conditions**

ATJF may modify these requirements at any time, but only when duly authorized by its Board of Directors.

Receipt of a Grant does not entitle the Requestor or Recipient to use ATJF or Jeanes Hospital as an endorser of the goods or services provided as a result of the Grant.

ATJF will consider the financial and personal information on each application confidential, but will not consider the act of requesting a Grant to be confidential. General information about Requestors, e.g. name and purpose, will be available to all members of the ATJF Board and all attendees at any open meetings.

ATJF is not obligated to inform a Requestor the reason for denial of an award. Unless otherwise stipulated, denial of an award does not constitute a permanent denial, and Requestors are free to resubmit their request during the next annual review cycle.

ATJF requires a short report on the success of the program for which the grant was awarded at the end of the program, or within one year from the time of the award. This should be submitted to:

Anna T. Jeanes Foundation, c/o Corporate Secretary at the Foundation's offices 7600 Central Avenue, Philadelphia, PA 19111.

Organization Name: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Contact Name: \_\_\_\_\_

Check the box that most closely describes the program for which you are requesting support:

**Program Type**

- Educational
- Wellness
- Pastoral Care
- Safety

**Program Beneficiaries**

- Students
- Older Adults
- Children
- Other

**Funding**

- Previous ATJF Grant
- No other funding
- Other funding

**Program Age**

- New Program
- 1-2 Years
- More than 2 years

Using separate stationary please provide a short answers to each of the following questions:

1. Please provide a description of your program or initiative.
2. How will the ATJF funds be applied to your program?
3. What is the total annual cost of your program?
4. How much money are your requesting from ATJF? (Note: ATJF grants typically range between \$ 1,000 - \$ 10,000. The amount awarded may not be the full amount requested.)
5. How will you measure the success of your program?
6. Are you willing to provide ATJF with a report on the success of your program at completion or within one year of the award?
7. Is there any other information you feel will be helpful in determining if this grant should be awarded?

I confirm that all funds received shall be used solely for the purpose of the request; and that I am a private individual or am representing a not-for-profit entity as described under §501(c)3 of the Internal Revenue Code.

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Signature

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Date

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Title

Please send entire application along with evidence of 501(3)(c) status to:

Anna T. Jeanes Foundation  
C/O Executive Offices Jeanes Hospital  
7600 Central Ave.  
Phila., PA 19111