

Silver Cross Healthy Community Commission

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Cesar Cardenas

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Hugo Manzo

Rev. Edward Martin, Jr.

Mike Trafton

Debra Upshaw

Rev. Bennie Yarbough

Tracy Ardis
(Alternate)

Richard Brandolino
(Emeritus)

Leslie Newbon
(Staff Liaison)

Grants

The Silver Cross Healthy Community Commission awards grants to not for profit organizations. The Silver Cross Healthy Community Commission is a community-based organization that is committed to creating a stronger, healthier future and improving the quality of life for the community we serve.

The grant must align with our new **Healthy Eating and Active Living (H.E.A.L.) Initiative and Educational Scholarship Program**. Grants are awarded on an annual basis, must be used exclusively by the requesting organization, and have no implied expectation of continuous renewals.

The grants support directly and indirectly individuals residing in zip codes within the zip codes of 60432, 60433, 60436, 60441 (Fairmont) areas.

Grant recipients will acknowledge that the Silver Cross Healthy Community Commission has your permission to publicize this award. Your consent will be obtained in all press releases.

The organization must have a non for profit status as described in Section 501(c)(3) of the Internal Revenue Code and is classified as a publicly supported organization within the meaning of Sections 509(a)(1) and 170(b)(1)(A)[vi] of the Code. If there have been any changes in the last year or any anticipated changes in your exempt status and or classification, please notify us immediately.

If your organization agrees to the terms of this letter, please submit your grant proposal along with a copy of your organization's 501 © (3) to the attention of Leslie Newbon, Manager of Community Outreach, Silver Cross Hospital, 1900 Silver Cross Boulevard, New Lenox, IL 60451 by **January 15, 2021**.

Sincerely,

Leslie Newbon
Manager – Community Outreach

2021 Grant Application

- **Program/Project Description**

- **Problem Statement**

- **Explain how this program/project will impact the community in a positive way.**

- **Measurable outcomes**
How do you track the success of this program/project?

- **Sources of Funding for this program/project.**

- **Governance**
Organization's leadership structure
Board of Directors

Additional information needed

- Please submit your IRS Tax-Exempt Determination Letter.
- Please submit a budget and timetable for this project.
- Please submit any documents that would assist us with learning more about your program/project.

Signature Information

On behalf of _____ Organization, I as an officer or other authorized individual of such organization (“Submitter”), submit this Application. I have truthfully completed the Application to the best of my ability and hereby agree to the following in the event Applicant Organization is awarded a grant:

- a) If requested by the Silver Cross Healthy Community Commission, _____ shall submit report(s) to Silver Cross Healthy Community Commission in the manner in which the funds are spent OR progress made in accomplishing the purposes of the grant;

Submitter: _____

Title: _____

Treasurer: _____

Date: _____

Requested Amount: _____

Thank you for your application. All applications must be submitted **by January 15, 2021.**

Please mail completed application to:

Silver Cross Healthy Community Commission
Attn: Leslie Newbon – Manager of Community Outreach
1900 Silver Cross Blvd.
New Lenox, IL 60451

Or email to:

SCHHCC@silvercross.org