



Whatcom Community Foundation

CONNECTING PEOPLE WHO CARE
WITH CAUSES THAT MATTER

Whatcom Community Foundation is requesting funding proposals for its MBI Health Innovation Fund. Proposals should be submitted to the Foundation on or before **June 8, 2009 at 10am**. (We encourage submissions be sent electronically in PDF format to mbelles@whatcomcf.org.) Mount Baker Imaging (MBI), a partnership of Northwest Radiologists and PeaceHealth, contributed \$250,000 to the Foundation to establish the Fund. Grants will support bold, creative work in the field of primary healthcare delivery in Whatcom County.

The Fund purpose is to support work that will benefit residents of our community as well as create models for others. The grant application guidelines and submittal dates are attached to this email and will be posted on the Foundation's website. Your organization may apply for multi year funding, noting that project reports will be required and assessed for each year of funding. Please anticipate a possible site visit and/or phone interview regarding your proposal during the second or third week of June. Award notifications will be announced between June 23rd and 25th with an awards presentation the week of June 29th (date to be announced). Submittals require the completed cover sheet, proposal form and required attachments.

Purpose Statement of the MBI Health Innovation Fund

Advancement of primary care delivery and improvement of the health and well-being of Whatcom County residents.

Grant Guidelines & Project Examples (please see attached guidelines for further reference)

Preference will be given to projects that produce:

- Innovation and research
- Measurable results with a plan for sharing the results with others
- Models for health care programs in other communities

Examples of potential projects may include:

- Innovation in medical information management
- Programs to reduce emergency room utilization
- Improvements in chronic disease and pain management
- Encouraging healthy lifestyles for all age groups
- Disease prevention
- Patient participation in health decision making

Fund Advisory Committee

Committee members have been chosen and approved by the Foundation Board. In accordance with IRS regulations pertaining to conflict of interest and self-dealing, the Committee is independent from MBI, Peace Health, Northwest Radiologists, their affiliates and potential fund recipients.

We look forward to receiving a proposal from <MERGE>. If you have any questions, please feel free to contact the Foundation at 671.6463.

Sincerely,

Mauri Ingram
President & CEO
Whatcom Community Foundation



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Foundation

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**MBI Health Innovation Fund
Proposal Form & Requirements**
May 2009

Statement of Need – *Please describe the need your proposal intends to meet. (Limit: 250 words)*

Project Description – *Please describe your project, program or initiative, including activities, innovative elements, contribution to research as well as short- and long-term outcomes. (Limit: 250 words)*

How will your proposed project be sustainable after initial funding? *(Limit 200 words)*
- *How might it be modeled for other communities?*

How will you match/leverage additional funding? *(Limit 200 words)*

Describe the level of support by your board of directors. *(Limit 200 words)*

Describe how your proposal builds community capacity and community connections.
(Limit 200 words)

Describe your project leader's past performance and accomplishments. *(Limit 200 words)*

How do you plan to measure and share the results? *(Limit 200 words)*

Required Attachments: *IRS 501(c)(3) Determination Letter; Most Recent IRS Form 990; Board List; Project Budget; and Organization Budget*

GRANT APPLICATION COVER SHEET

WHATCOM COMMUNITY FOUNDATION
119 Grand Ave., Suite A, Bellingham, WA 98225

Please provide the following information, which may be word-processed in no more space than this form provides. All sections must be completed.

Applicant:

Program Description:

Mailing address (include city, state, and zip code):

Contact person and title:

Phone:

Fax:

E-mail:

Fiscal Sponsor Organization and Contact Information:

Total Organizational Budget: \$ _____ for fiscal year ending _____ (mo/date/yr)

Primary population(s) served:

Type of Request: ___ Program/Project ___ Organizational/Operating

Amount Requested:

Total budget for all activities related to this request:

Beginning and ending dates for activities to be funded:

For internal use only:

___ IRS Determination Letter

___ Most recent Form 990

___ Board List

___ Project Budget

___ Organizational Budget

___ Fiscal Sponsor agreement

(if applicable)

Printed name of board chair or designee

Position

Signature of board chair or authorized designee

Date