

Community Benefit Program & Grant Funding

Aspirus Medford Hospital & Clinics is dedicated to the communities we serve. It is our vision to be a catalyst for creating healthy, thriving communities, trusted and engaged above all others. The Memorial Member Association (MMA) has a similar vision, to be the leading advocate for health improvement in the communities Aspirus Medford Hospital & Clinics serves.

Recognizing the synergies that could be obtained, Aspirus and MMA have partnered together to positively impact the health needs identified for Aspirus Medford's service area (which includes Taylor, Price, and parts of Marathon & Clark counties). Through the Community Health Needs Assessment process, the following have been identified as priority health needs: alcohol and drug use, mental health, nutrition and healthy foods, followed by physical activity, healthy growth and development, and injury and violence prevention. The prioritization of health needs is evaluated every three years when a new Community Health Improvement Plan is implemented

Aspirus Medford Hospital has earmarked funding to respond to the health needs identified.

Tax exempt organizations, public agencies, state and local government, and community members can apply for this funding, if their program will have a direct and quantifiable impact on one or more of the identified needs. **Funding requests greater than \$25,000 will be directed to MMA. MMA will consider proposals addressing the top three needs.**

Funding requests are not guaranteed. They are accepted throughout the year.

Special consideration will be given to those programs that reduce the burden of government or other community efforts, and/or are focused on persons who are poor, disenfranchised or located in an area with disproportionate unmet health-related needs.

Neither organization will award grants that are not related to Aspirus' mission. We cannot award grants that discriminate on the basis of race, color, religion, sex, national origin, citizenship status, age, disability, sexual orientation, or veteran status. Generally, grants are not made for:

1. Individuals
2. Programs that require membership in a certain religion or advance a particular religious faith
3. For-profit organizations or programs operated by, or for the benefit of, for-profit organizations
4. Debt retirement
5. Annual fund drives
6. Fundraising events
7. Endowments

Aspirus and MMA are excited to make a positive impact on the health needs of our community.

A grant application follows this document. Return it to:

Aspirus Medford Hospital & Clinics • Attn: Director Community Benefits & Foundation
135 S. Gibson St., Medford, WI 54451 • Amanda.Lange@Aspirus.org



Request Type:
 Community Benefit Program
 Memorial Member Association

Aspirus - Medford Community Benefit Funding Request Form

Name of Program/Event: _____
Total Amount Requested: \$ _____ Funds Needed By (Date): _____
Start Date of Event: _____ End Date of Event: _____

Contact Person/Organization Information

Contact Name: _____
Sponsoring Organization: _____
Is the organization tax exempt 501c3 under the Internal Revenue Code? Yes No
Address: _____
Phone Number: _____
E-mail Address: _____

Community Health Need Addressed:

Primary	Secondary	Tertiary
<input type="checkbox"/> Alcohol & Drug Use	<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Chronic Disease Prevention & Management
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Healthy Growth & Development	<input type="checkbox"/> Communicable Diseases
<input type="checkbox"/> Nutrition & Healthy Foods	<input type="checkbox"/> Injury & Violence Prevention	<input type="checkbox"/> Environmental & Occupational Health
<input type="checkbox"/> Tobacco Use & Exposure		
<input type="checkbox"/> Other: _____		

Program Information

Please provide a summary of the activity/program.

How is this need demonstrated?

How is this funding request health-related?

How/why is this health service of high value and/or how does it promote health and wellness for a healthier lifestyle within Aspirus Medford's service area?

How will it benefit those who currently aren't practicing healthy habits?

Is this program recurring? No; One Time Event
 Yes; Explain how will funding for this project be sustained after Community Benefit Funding is exhausted:

Has this activity been trialed elsewhere? What were the results? No Yes; Summary of Results:

Demographics of Target Population (Ages, Gender, etc.):

What is the geographic area supported by the program/funding?

How are you reaching out for people to join your event/program?



How will you track/measure and report back to Aspirus Medford the impact of the program/activity so that Aspirus Medford knows that a health factor or outcome within its community has been improved? How will the impact be measured (Pre/Post Test, Participation, Knowledge Gained, Behavior Change, Quantitative Data, etc.)?

Please outline all the expectations for:

1. Aspirus Medford
2. What is managed by your organization
3. The duties/contributions of other anticipated partners involved in the project

Total Estimated Cost: \$ _____

<input type="checkbox"/> Handouts	\$ _____	<input type="checkbox"/> Booth Rental	\$ _____
<input type="checkbox"/> Supplies Used	\$ _____	<input type="checkbox"/> Equipment	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Other: _____	\$ _____

Program Site:

- Community
 Hospital
 Business
 Other: _____

Size of Population Served:

- | | | | | | |
|---------------------------------------|--------------------------------|----------------------------------|----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0 – 10 | <input type="checkbox"/> 31-40 | <input type="checkbox"/> 76-100 | <input type="checkbox"/> 151-175 | <input type="checkbox"/> 301-400 | <input type="checkbox"/> 1,000-1,500 |
| <input type="checkbox"/> 11-20 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> 101-125 | <input type="checkbox"/> 176-200 | <input type="checkbox"/> 401-500 | <input type="checkbox"/> 1,501-2,000 |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 126-150 | <input type="checkbox"/> 201-300 | <input type="checkbox"/> 501-1,000 | <input type="checkbox"/> 2,001+ |
| <input type="checkbox"/> Other: _____ | | | | | |

Additional Sources of Funding and Community Partners:

Source:	\$ _____
Source:	\$ _____
Source:	\$ _____

Is there any additional revenue or awareness that Aspirus Medford will gain if Aspirus Medford provides the funding and/or other duties as requested? Please explain. Yes No

Is someone from the Aspirus Medford organization actively involved with the program or agency requesting the sponsorship funding? Please name that person(s). _____

Please provide any additional information, brochures, web site, etc., that will help explain your request.