

**ST. VINCENT COMMUNITY HEALTHCARE FUND  
REQUEST FOR FUNDING - 2018**

**CRITERIA**

**To be eligible for St. Vincent Community Healthcare funds, an organization and/or project must satisfy the following criteria:**

- Be a nonprofit organization directly benefiting residents of Worcester County in healthcare**
- Works for the development of medical and healthcare services by supporting and strengthening the services provided by nonprofit health care providers which provide services to residents of Worcester County**
- Provide for the needs of Worcester County residents through the purchase of medical and other health care services or supplies**
- The organization and its activity for which funding is requested must conform to the moral teachings of the Catholic Church**
- Provides a completed *Evaluation of Grant* form to the Fund Allocations Committee at the end of the program funding**

Name of your organization: \_\_\_\_\_

\_\_\_\_\_

Name of project: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Please describe the mission of your organization:

Describe the need this proposal addresses:

What is the target population?

Describe the plan to address the need identified above:

What is the proposed time frame to accomplish your objectives?

Total program costs: \$ \_\_\_\_\_

Total grant request: \$ \_\_\_\_\_

Identify sources of other  
program income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of contact person: \_\_\_\_\_

**Application must be returned by August 31, 2018 either by mail or by fax to:**

**St. Vincent Community Healthcare Fund  
Attn: Sara Smillile  
Diocese of Worcester  
49 Elm Street  
Worcester, MA 01609  
  
Fax: 508-754-2768**