



Charitable Medical Care GRANT PROGRAM

AN IBC SOCIAL MISSION INITIATIVE

Renewal Grant Application

You must apply for renewal of the Independence Blue Cross (IBC) Charitable Medical Care Grant Program in order to maintain uninterrupted funding. The need for additional requested funding must be clearly demonstrated in this application and will be reviewed for consideration by the Grant Committee.

Also, share with us your general thoughts and observations on the impact the IBC Charitable Medical Care Grant Program has made to your site over the past three-year period of funding. *(Maximum three pages).*

Name of Organization:

Address:

Phone:

Fax:

Email:

Web Address:

Grant Requestor Contact Name:

Executive Director:

Purpose of Renewal Grant Funding Request:

Period to cover this renewal request: _____ / _____ to _____ / _____

Total Renewal Grant Requesting:

Renewal Grant Distribution through 2010:

Year 1: 2007	Year 2: 2008	Year 3: 2009	Year 4: 2010

End of year income and expenses:

Total annual operating budget for current fiscal year: \$ _____

The below grid enables you to record the improvements your team has accomplished by comparing the values you had the previous fiscal year and the current fiscal year. Provide statistics to one/or more of the following options.

	Yearly		Monthly		Weekly	
	Previous	Current	Previous	Current	Previous	Current
Total Patients						
Primary Care Patients						
Dental Patients						
Other (please indicate)						
Total Visits						
Primary Care Patients						
Dental Patients						
Other (please indicate)						
Total Encounters						
Primary Care Patients						
Dental Patients						
Other (please indicate)						

List the services or classes you now offer to the community since being a recipient of the IBC Charitable Medical Care Grant Program funding.

Ex: Group Therapy Sessions

List any increase in clinic hours made possible with the IBC Charitable Medical Care Grant Program.

Ex: Increase in clinical hours/week (12); therefore, adding 1-evening clinical session/week

List new staff members on your team including medical volunteers (physicians, nurses), and any board changes during your previous three-year IBC Charitable Medical Care Grant period.

Ex: Hired a Family CRNP for 4-hours/week for the fiscal year 2005, which the grant secured to cover the cost of this practitioner

List community partnerships, participations, assistance that you may have offered, received, administered as a recipient of the IBC Charitable Medical Care Grant Program.

Ex: Participation in the Bi-National Health Fair

List methods you may have implemented/improved in measuring the effectiveness of your clinics services.

Ex: Analysis on data entry methods to increase quality

Describe organizational/programmatic achievements and any setbacks.

Ex: Administered Patient Satisfaction Survey

List your top three private donors (business and foundation). The amounts they have contributed to your clinic during your three-year IBC funding period.

Company/Individual Name:	Donation amount contributed:	Term of grant-Start/End:

List your fundraising efforts in the past fiscal year and the amount raised:

What are your renewal goals to address and the expected outcomes?

Attachments to be submitted:

1	Include a copy of your most recent audited financial statement and IRS form 990.
2	Submit actual end-of-year income and expense for the organization for the year in which the grant was used.
3	Latest annual report or summary of the organization's prior year activities.
4	Letters of support and/or recent reviews, articles, photos if available.
5	Current Board of Directors list with members' employment affiliations.

Send this completed Renewal Grant Application and supporting documents to:

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