

# Community grant

OUR MISSION

We are committed to improving the health and well-being of our community by expanding access to health care and responding positively to the changing needs of our members, providers and community, while delivering the highest level of service with integrity, accuracy and sincerity.

Supporting the communities where we live and work has long been one of **WESTERN HEALTH ADVANTAGE'S** core values. As a local company, almost all of our economic impact is felt right here in Northern California. It is our mission to strengthen the fabric of neighborhoods and to improve and enrich the lives of community members by supporting local organizations.

The purpose of the **Western Health Advantage Community Grant** is to provide funding for programs and activities within the WHA service area in support of one or more of our giving priorities:



**Health and Wellness:** Overall well-being of families and individuals through access to health care and nutrition are central to our mission.



**Arts:** A healthy community nourishes the body, mind and soul.



**Safety Net:** Support for the most vulnerable, at-risk members of our community reinforces our commitment to improving the region we serve.



**Civic Leadership:** As a local company, we have a vested interest in building the capacity of our community.





# Community grant

## **Complete the following form and return to:**

Community Relations Manager

2349 Gateway Oaks Drive, Suite 100, Sacramento, California 95833

fax 916.563.3182 | email [community@westernhealth.com](mailto:community@westernhealth.com)

Direct questions to: 916.563.2203 | [community@westernhealth.com](mailto:community@westernhealth.com)

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## **Approval Guidelines**

- Organizations must be registered with GuideStar [[guidestar.org](http://guidestar.org)]
- All grants shall be for programs and activities conducted within the WHA service area.
- All grants must support at least one of the following areas of focus: health or wellness; arts; safety net; civic leadership and business development.
- All grants must be approved by WHA Grant Committee, which shall meet at least one time annually in advance of the budget process, and as needed.
- WHA shall administer grants on an objective, fair and non-discriminatory basis.
- Grants to organizations in which an Insider has an Interest, shall be approved at the annual meeting of the Grant Committee, disclosed in the budget review process and approved by the Board, in addition to being disclosed in Form 990.
- No grants shall be made to individuals nor to organizations of which an Insider or an Insider's Relative is a 35% owner.
- Approval of a grant shall be in writing.
- Grantees must execute a written grant agreement that details the intended purpose of the Grant.

## **Required Reporting**

- Grantees shall report at least annually for the term of the grant, how their use of the funds met the objectives outlined in the grant application, including how the funds were used.
- WHA may require other reports appropriate to the grant.
- Grantees must report throughout the year all significant change(s) in structure or charitable purpose/program, including but not limited to: loss of tax-exempt status, cancellation or reduction of programs, serious financial problems, and the like.
- The WHA Grant Committee shall review the reports. If the committee determines that a grantee is not utilizing the grant for the agreed-upon purposes, WHA shall take steps to cause the grantee to cure deficiencies. If deficiencies are not cured within a reasonable period, appropriate steps must be taken, which may include revision, reduction or revocation or repayment of the grant.



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**Western Health Advantage Community Grant Request**

Organization Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Year Founded \_\_\_\_\_ Primary Source of Funds \_\_\_\_\_

Prior WHA Funding?  NO  YES If YES, Amount \$ \_\_\_\_\_ Year \_\_\_\_\_

Indicate your organization's tax-exempt\* status:  501(c)(3) OR  501(c)(4) EIN \_\_\_\_\_

\*Must be a 501(c)(3) or 501(c)(4) organization to be eligible. Attach IRS letter with EIN

Reporting Contact \_\_\_\_\_ Title \_\_\_\_\_

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

Email \_\_\_\_\_

Grant Amount Requested \$ \_\_\_\_\_ Total Project/Program Cost \$ \_\_\_\_\_

Geographic area\*\* to be served by project/program: \_\_\_\_\_

\*\*Funded activities must serve WHA's service area [see mywha.org/servicearea]

Area(s) of focus the grant will service; must be one or more of the following to be eligible:

- Health and Wellness  Arts  Safety Net  Civic Leadership

Proposal Summary: Attach a description of the purpose of your grant request, what results you hope to achieve, how you will spend the funds and how the project contributes to your overall mission.

To the best of your knowledge, list any member of your board, officers, management or other person with similar influence or authority ("Insiders") who has, currently or in the past, any of the following types of relationship with WHA:

Employee of WHA \_\_\_\_\_

Relative to an employee of WHA \_\_\_\_\_

Includes spouse/domestic partner, sibling, child, grandparent, grandchild, great grandchild, spouse/domestic partner of the foregoing, or any other relative

Vendor to WHA (or served an important role in a vendor to WHA) \_\_\_\_\_

Any other transaction with WHA benefitting the Insider in a material or financial way \_\_\_\_\_

If you disclosed any potential conflicts: Do/does the individual(s) control 35% or more of the grant applicant?  NO  YES

Authorized Contact \_\_\_\_\_ Title \_\_\_\_\_

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

Email \_\_\_\_\_

Signature \_\_\_\_\_