



2025 Women's Giving Circle Funding Application

Purpose

The Women's Giving Circle (WGC) of Concord Hospital Trust exists to invest in strategic and timely projects that will benefit the Health System's mission to meet the health needs of individuals within the communities it serves.

Eligibility – Please check this list to determine eligibility!*

NEW -- Funds will be distributed for programs of Capital Region Health Care *including*:

- Concord Hospital Health System (CHHS)
- Riverbend Community Mental Health
- Granite Visiting Nurses Association

- Grant funding is **not** provided to individuals directly.
- Projects must have approval from your department Vice President (CHHS)
- New CHHS positions will not be considered without prior approval and only if they are a "pilot" or "grant funded" type of position. Positions that are on-going or long term are **not** eligible.

**If funded, you may be invited to present your project to the group later in the year.*

FUNDING PROCESS

Interested departments or programs should submit a completed funding application to Lea Miner at lminer@crhc.org by **Friday, May 9, 2025**. **For questions on the application or the process, or guidance on a potential project, please reach out to Deanne Pelletier at dpelleti@crhc.org or 227-7000 x5236**

All applications submitted will be a direct representation of your program/project so please ensure it includes pertinent and complete information. This will allow members of the Women's Giving Circle to review applications thoroughly and make appropriate funding decisions.

Applicants will be notified by mid-June 2025 regarding decisions on all applications.

Department:		
Cost Center Number:		
Contact Person:		
Department Head/Manager:		
Email Address:		Phone:

Project Name:	
Is this an existing project?	
What is the primary population your program/project will serve?	
How many individuals do you anticipate serving through this program/project?	

What are the objectives of this program/project?

What problems will this program/project help to solve or mitigate?

Please describe how this project will be implemented:

How will you measure the results/outcomes of your program/project?

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What are the measureable health impacts to patients or community members?

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Have you requested funding for this project through your department's budget process? Yes No

Does your funding request cover the full amount needed for your program/project? Yes No

If this program/project is not fully funded, will you be able to proceed? Yes No

Have you received any other grants or special funding for this program/project? Yes No

If yes, please provide amount and source.	
If no, what are the remaining costs and how will you fund them?	
What are the plans for continuing the project after this initial funding is depleted?	

Program/Project Financial Information

Please specify the budget for the proposed program/project:

Anticipated Expenses <i>(please identify all items)</i>	
Item	\$
Item	\$
Item	\$
Item	\$
Total amount of funding you are requesting:	\$