



Essentia Health Foundation

Duluth Clinic, St. Mary’s Hospital-Superior, St. Mary’s Medical Center, Virginia Regional Medical Center
400 East Third Street
Duluth, MN 55805
218-786-1619
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Grant Application

Submit one copy of this application form to the Foundation via email. Attach all information that may be helpful in supporting your request. If you have any questions, please call the Foundation office at 218-786-1619.

This request is not complete until you obtain the signatures indicated on the following page.

Name of Applicant:	Title:
Department:	Location:
Phone:	Email:
Project Summary (Goals, objectives, who will benefit, how does the request align with strategic direction and goals):	
Total amount requested: \$ (Detailed budget must be attached)	
List other sources of financial support, including Essentia Health’s contribution:	
Length of Project: (All successful grant applications must submit a performance report to the Foundation within 90 days after project completion. No further support will be considered unless a performance report is on file.)	
Reason(s) grant funds are needed (use extra pages if necessary):	
<input type="checkbox"/> Check here if this is a research project proposal. Please note all research proposals must be submitted with a SRB/IRB approval letter.	

How will you measure your results?
Other information pertaining to your application.
When will funds be needed?
If this grant proposal is not funded by the Foundation, how will this affect your project?
If project continues over more than one year, how will this project be funded in the future?

I have reviewed this grant application and ascertain that this request falls within Essentia Health's strategic direction and goals.

Signature approvals for grant application:

Signature(s)	Date
Applicant Signature:	
Division Chair or Administrator:	
Senior Vice President:	

This section for Foundation use only:

Senior Leadership Team (SLT) Approval Date:	
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