

## YANKTON BENEDICTINE SISTER FUND

### 2026 Grant Application and Guidelines

#### **Mission**

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

#### **Purpose**

The Yankton Benedictine Sisters Fund, a gift to St. Thomas More Hospital Foundation, supports Fremont County community health projects, with the provision that monies may not be used to support capital projects.

There is no maximum dollar amount you may request. Grants will be awarded based on the impact they will have on improving the health of our community.

#### **Application Deadline**

Applications must be received by **December 31, 2025**.

#### **Send Grant Proposals to:**

marybaxter900@commonspirit.org

#### **Grant Evaluation Timeline**

- Committee Review - January 2026
- Written Notification and Grant Awards - February 2026

#### **For questions, contact Mary Baxter, Stewardship Coordinator:**

Cell : 719-822-7409

The St. Thomas More Hospital Foundation's Yankton Benedictine Sisters Fund grant application consists of the following components.

- A. Applicant Organization summary (form attached – must be cover page of grant request)
- B. Narrative: (12-point font with 1-inch margins, preferred not to exceed three pages. Include the HEADING provided for each question and submit in the order listed. It is not necessary to repeat the text of the question.)

- C. An evaluation tool that will give you a better understanding of how St. Thomas More Hospital Foundation evaluates applications.

Funds not expended for the proposed projects are to be reported to St. Thomas More Hospital Foundation. These funds must be returned unless a written request for an alternate plan is submitted and approved by St. Thomas More Hospital Foundation.

**Thank you for your time and effort in completing this application.**

2026

**APPLICANT ORGANIZATION SUMMARY**

**Organization Name:** \_\_\_\_\_

(Grants may not be awarded to individuals.)

**Mailing Address:** \_\_\_\_\_

(Must be in Fremont County)

**City, State & Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**Name of CEO or Executive Director:** \_\_\_\_\_

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

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

**Application Contact** \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**Brief Description of Request:**

**Amount of Request:** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**NARRATIVE**

**ORGANIZATION BACKGROUND:** Describe the organization and its founding, development, mission, geographic area served, number of lives impacted, goals and objectives.

**PROJECT REQUEST:** Describe, in detail, the project and the amount of funding requested.

- A. Outline the need for the project. Include the issue and/or opportunity addressed.
- B. Describe activities planned to accomplish goals and evaluation of project.
- C. Document as a new or ongoing activity.
- D. Identify the target population and numbers served with this financial assistance.
- E. Discuss future sustainability measures.

**TIMELINE:** Outline a timetable for implementation of proposed project.

**EVALUATION:** Provide specific outcome measures that will be used to evaluate the impact of the project on the targeted population.

**BUDGET:** Itemize a budget for a proposed project.

**COLLABORATION:** Indicate whether aid has been sought or received from other organizations during the past year.

- A. Identify other organizations participating in the project.

**PAST SUPPORT:** Have you received funding from the Yankton Benedictine Sisters Fund in the past? If so, please provide the amount and when your organization received it. What was the impact of this funding? Please notate the need for continued support and actions taken to create sustainability.

## EVALUATION TOOL

Criteria	3 Meets Criteria	2 Somewhat Meets Criteria	Does Not Meet Criteria
<b>Measurable impact on the health and wellness of our community</b>	Proposal demonstrates specifically how the program improves the health and wellness of our community.	Proposal minimally describes how the program improves the health and wellness of our community.	Proposal does not describe how the program improves the health and wellness of our community.
<b>Need and Vision for project</b>	Proposal explicitly articulates the need for this project.	Proposal minimally articulates the need for this project.	Proposal does not clearly articulate the need for this project.
<b>Evaluation of success</b>	Proposal provides clear objectives for how the success of the project will be measured.	Proposal minimally describes how project will be measured.	Proposal lacks any description of how the project will be measured.
<b>Budget</b>	Proposal provides a clearly articulated and itemized budget, appropriate in both amount and type.	Proposal provides a vague and/or inappropriate budget, in either amount or type.	Proposal provides no budget, in either amount or type.
<b>Appropriateness</b>	Proposal goals and mission completely agree with St. Thomas More Hospital Foundation.	Proposal goals and mission statements agree partially with St. Thomas More Hospital Foundation	Proposal goals and mission statements conflict with St. Thomas More Hospital Foundation.

**PAST SUPPORT:** Have you received funding from the Yankton Benedictine Sisters Fund in the past? If so, please provide the amount and when your organization received it. What was the impact of this funding? Please notate the need for continued support and actions taken to create sustainability.