



***THE
STOUDER MEMORIAL
FOUNDATION***

Please consider the Foundation when looking for a meaningful way to honor an occasion or individual or to express your sympathy or respect. Your gift will assist the Stouder Memorial Foundation in carrying out its purpose...assisting health care service providers in Troy and Miami County, Ohio. Gifts may also be made by naming the Stouder Memorial Foundation in your will, thus allowing your contribution to make a difference for years to come.

**THE
STOUDER MEMORIAL
FOUNDATION**

c/o The Troy Foundation
216 West Franklin Street
Troy, Ohio 45373
(937) 339-8935

**SCHEDULED MEETINGS
OF THE
ADVISORY COMMITTEE**

The Advisory Committee of the Stouder Memorial Foundation will review grant applications submitted by Upper Valley Medical Center and other Miami County organizations promoting healthcare during their regular meetings to be held the third Monday of January, April, July, and October.

Applications submitted for review for these meetings must be received no later than the 1st of the month in which each meeting is held.

Grant applications may be obtained through The Troy Foundation office or at www.thetrovfoundation.org.



**PROMOTING
HEALTHCARE
IN TROY
AND
MIAMI
COUNTY**

STOUDER MEMORIAL FOUNDATION

HISTORY AND PURPOSE

The Stouder Memorial Foundation, originally known as the Stouder Memorial Hospital Foundation, was established in 1974 to support the Stouder Memorial Hospital, Troy, Ohio. Over the years, contributions received by the Foundation have been utilized to purchase equipment and provide services for Stouder Memorial Hospital through grants distributed by the Board of Trustees.

In 1998, with the closure of Stouder Memorial Hospital and the opening of Upper Valley Medical Center, the Stouder Memorial Foundation chose to become a donor advised fund of The Troy Foundation. This allows the Stouder Memorial Foundation to broaden its scope to make grants to other organizations that provide health care service in Miami County while still providing major support to Upper Valley Medical Center.

APPLICATION PROCESS

The Board of Trustees will review applications four times a year. Each request should be submitted in writing to the office of The Troy Foundation, to be further distributed to each Trustee. After reviewing proposals, additional information may be requested of the applicant by the Board of Trustees. Organizations interested in applying for a grant from the Stouder Memorial Foundation may call or write to The Troy Foundation office to receive assistance in determining the eligibility for funding, clarification of the application process, and/or deadline dates for applications.

APPLICATION REQUIREMENTS

- A completed application and cover letter outlining the request with background information about the organization signed by the organization's governing body or chief executive officer. Nine copies plus the original application and supplemental information must be included.
- A description of the purpose of the organization or activity, what it expects to accomplish and how the program relates to the needs of the health care community.
- A detailed project budget.
- Plans for future funding if the activity is ongoing.
- The parent organization's annual budget for the year in which project is to occur, including both income and expenses. Current financial statements covering the organization's most recently completed fiscal year.
- A list of the organization's officers, directors and staff.
- A copy of the Internal Revenue Service determination letter showing the organization's tax exempt status.

CONTINUING TO MAKE A DIFFERENCE IN HEALTH CARE

As in the past, contributions made to Stouder Memorial Foundation will continue to provide funding to the Upper Valley Medical Center, to enhance projects and to purchase equipment, thus allowing the tradition of excellent care and service to continue in Miami County. In addition, grants may be awarded to health care organizations throughout Miami County, Ohio, to assist them in carrying out their services and programming.

To assist the Stouder Memorial Foundation in carrying out its purpose, contributions may be made by completing this form and returning it with your gift.

*Enclosed is a contribution of \$
to the Stouder Memorial Foundation from:*

Name _____

Address _____

City/State _____ Zip _____

Gift is in Honor of: _____

Gift is in Memory of: _____

Please send acknowledgment of this gift to:

Name _____

Address _____

City/State _____ Zip _____

*Please mail your completed contribution card
and your tax-deductible gift payable to
Stouder Memorial Foundation in care of:*

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