



PRIZES FOR PROGRESS

CELEBRATING 25 YEARS BY AWARDING \$25,000 IN PRIZE MONEY

This year is the Virginia Health Care Foundation's (VHCF) 25th anniversary!

We want to mark this important milestone by doing something special for our health safety net partners. We know how hard it is to get unrestricted funding. So, to celebrate 25 years of working with you to grow and strengthen Virginia's health care safety net, VHCF will award 2 current and/or former grantees **unrestricted prize money** just for telling us about the difference VHCF support has made for your organization.

First place prize = \$15,000 and Second Place = \$10,000.

We're looking for a compelling example of how your clinic/health center or service has flourished as a result of VHCF funding. Tell us how VHCF's support has been a game changer for you and your patients. We're interested in learning about the "before" and "after". You can write about the impact of one grant, support for board development or strategic planning, funding for grantwriters/reviewers for HRSA grants, or a combination of VHCF investments that have helped your organization progress to what it is today.

That's all you need to do!

How to Participate

1. Your story should be no more than 2 pages (*12 point font and 1 inch margins*).
2. Give specifics and use descriptive and compelling terms (*increased # of patients/visits, effect of expanded services on your organization and patients, improved revenues and/or community support, new practices and their impact*).
3. Only one submission per organization.
4. **Send your story with the attached form by Monday, May 15, 2017 at 5 pm EST to Kari Parkhurst at kari@vhcf.org.**

Additional Information

1. Members of VHCF's Board of Trustees will review all submissions and select the winners (*so use spell check!*).
2. Winners will be announced by July 31, 2017.
3. A list of all VHCF awards to your organization is available by contacting Kari@vhcf.org.
4. Address any questions to Cat Hultburt at cat@vhcf.org or Andrea Lancaster at andrea@vhcf.org.

DON'T MISS THIS OPPORTUNITY!
It is your only chance to get money from VHCF
without having to report what you did with it!



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(Please attach this cover sheet with your two page entry)

Organization Name: _____

Contact Name: _____

Title: _____

Phone: _____

Email: _____

Mailing Address: _____

Date VHCF Grant Awarded: _____

Purpose, Amount and Timing of Grant(s):

Story: