



General Community Benefit Funding Application

Cheyenne Regional Medical Center is committed to supporting community benefit services that improve the health of the region we serve. Cheyenne Regional has adopted the definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

The hospital’s community benefits activities will align with the National Public Health Institute’s *Advancing the State of the Art in Community Benefit* principles. Cheyenne Regional will consider requests to provide:

- Programs/activities that meet a significant unmet health need identified in the most recent [Community Needs Assessment and Laramie County Community Health Improvement Plan](#).
- Primary prevention and including at least one of three primary prevention strategies: health promotion, disease prevention, and health protection.
- Programs/activities that develop links between clinical services and health-improvement activities delivered both inside and outside the hospital.
- Programs that focus on targeting charitable resources in a way that mobilizes and builds capacity within existing community assets, while minimizing duplication of effort.
- Programs that focus on increasing access to care in Laramie County.
- Programs that emphasize collaboration with community stakeholders.
- Applicants must be designated by the IRS as not-for-profit organizations.
- Grants are awarded for a one-year period. There is no guarantee of continued funding. Grant agreements will be executed between Cheyenne Regional and the requesting organization.
- A written report, quarterly, and at the conclusion of the grant period *may* be requested.

All applications for community benefit funding are reviewed by Cheyenne Regional’s Board Committee on Community Health and Benefit.

Applications are due May 1, 2026. Please email applications to amy.spieker@crmcwy.org and Erika.Novick@crmcwy.org. You will receive an email confirming receipt. If you do not receive an email please call or email to confirm.

Committee reserves the right to request a copy of the most recent financial audit; you’ll be notified if that is needed.

The Committee will invite select applicants to present their request in person or virtually at the end of May.

Good luck!

Applications must be typed and submitted electronically to:

Amy Spieker and Erika Novick
Amy.Spieker@crmcwy.org and Erika.novick@crmcwy.org
(307) 773-8188 and (307) 773-8169

Please limit the applications to only the requested materials.

Cover Sheet Format:

Date of Request:

Program/Activity Title:

Organization's Legal Name:

Physical Address:

Website:

Key Contact for this Project:

Phone Number:

Email Address:

Estimated start date:

Amount Requested:

Dates and amounts of funds/resources previously provided by Cheyenne Regional for this purpose:

Please describe other funders of this project:

What percent of your operating budget do these funds represent?

Typed Name, Signature and date signed of the Program Director.
(CRMC program applications must also be signed by Vice President).

Three (3) page narrative, please explain the following:

- Description of Need:
 - Provide a brief description of your organization’s work.
 - Detail the causes/conditions/need leading to your request; provide available data.
 - What goals from the Community Needs Assessment will be addressed through your work?
 - Cheyenne Regional has created a strategic goal around increasing access to care. How does your work improve access to care in our community?
 - Describe who in our community will benefit from the services you provide.
- Program Plan:
 - Briefly describe the activities that will be funded through this grant.
 - How does the proposed program/activity respect the cultural diversity of our community and ensure accessibility for all groups?
- Capacity
 - Describe your organization’s one-, three-, and five-year goals. How does this work align and build capacity to meet those goals?
 - Provide data illustrating your organization’s ability to meet the needs identified.
 - What is your staff and volunteer capacity? Will you take on new staff to complete this work?
- Performance Evaluation:
 - Provide performance measures against which you will monitor for effectiveness.
 - How do you measure and ensure that your services are accessible, respectful, and culturally competent?
 - If you have previously been awarded funds, please provide a summary of the effectiveness.
 - What happens if your request is not met?
 - What is the potential return on the investment to the community?
- Partnership:
 - Describe the current role you play in the Laramie County Community Partnership and name the Action Teams on which you serve.
 - Describe actions taken by this collective group in support of this proposal; attach letters of support from partners with whom you work to achieve the program goals.
 - Are there already comparable programs in the community offering this program? If so, explain what makes your program unique and how will you work to partner with the other program provider to reduce duplication of services.

Budget Details and Justification (Separate document)

- Detail the amount of your request (line item justifications will be most helpful to explain how the funding will be used). Provide any information about other funding sources that may be blended to meet the need.

Attachments

- Letters of support from community partners
- Financial Audit (if requested)
- Enhanced partnership with Cheyenne Regional. If relevant, please provide a description of nonmonetary ways in which CRMC can support your organization’s mission and the community health improvement plan goals. I.e. Cheyenne Regional could provide CPR training for your staff or host a grand rounds on a mutually important topic.