

Pd. check # 1007

\$ 650.00

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Reviewed and forwarded

Public Grantmaker/Foundation
Membership Application

RIVER VALLEY HEALTH FOUNDATION, INC.

Name of Organization (as it should appear in directory and Philanthropy WV records)

CYNTHIA MORRISON EXECUTIVE DIRECTOR

Primary Contact (voting member of record) Title

2000 EOFF STREET

Address

WHEELING

WV

26063

City

State

ZIP(+4 code)

(304) 234-8458

(304) 234-8057

Phone

Fax

cmorrison@ovch.org

www.rivervalleyhf.org

Email

Website

Please list other staff, trustees, or contacts who should receive regular mailings & electronic announcements from Philanthropy WV: (attach additional pages or separate list, if necessary)

Name Title Email

Name Title Email

Number of Paid Staff (if applicable): full-time: 1 part-time: _____

Market Value of Assets: \$ Approx. \$3m for fiscal year ending: 2017

(If you are a new foundation, your dues would be based upon 5% calculation on your endowment as projected grantmaking for your first year) Current assets \$ _____ x 0.05 = \$ _____ (projected grantmaking)

Total grantmaking in last year: \$ N/A for fiscal year ending: _____

Grantmaking in WV in last year: \$ N/A for fiscal year ending: _____

Type of Public Grantmaker:

Funding Interests:

- Community Foundation
- Giving Circle or Donor Advised Fund
- United Way
- Government Agency
- Public Healthcare Conversion Foundation
- Federated Fund
- Other (please specify below):

- Bank Trust
- Individual Philanthropist
- _____

Year founded: _____

- Arts, Culture, Humanities
- Education
- Environment and Animals
- Health
- Human Services
- International/Foreign Affairs
- Public/Society Benefit
- Religion
- Science and Technology
- Other: _____

EIN: 55-0615693

- My organization files a 990
- My organization files a 990-PF
- N/A
- Operating Foundation
- Religious Organization
- Service Club
- Supporting Organization
- Other: _____

Target Populations, if any:

- Early Childhood
- Youth
- Families
- Women
- Elderly
- Minority: _____
- Other: Indigent

Target Geographic Region:

OHIO (Belmont, Jefferson, Monroe, Guernsey, Harrison counties), WV (Brooke, Ohio, Marshall, Wetzel counties)

Does your organization also raise funds or seek grants? Yes No

If yes, please supply your last year's annual budget. Your organization's grant expenditures (grants, related program costs, administrative costs for administering grants) must represent at least 30% or more of your annual budget, ensuring that you are primarily a grantmaking institution.

Are your organization's grant distributions primarily made on a discretionary basis to multiple recipients that are not subsidiary or related to the grantmaker? unsure at this time

Discretionary Directed Combination

Is there anything else you would like to tell us about your grantmaking institution?

In addition to the application, please attach the following applicable documents:

- Latest 990 or 990-PF — will send separately
- IRS letter of determination

- Annual report and/ or list of grant recipients and amounts during past fiscal year
- Grant guidelines (if any) and Grant application form (if any)
- Budget

Applications are considered for approval by the executive committee or board of directors on a regular basis throughout the year.

Contact Consent

I understand that by providing the fax number(s) and email address(es) on behalf of River Valley Health Foundation, I am authorized to and hereby consent for this organization to receive faxes and/or email messages sent on behalf of Philanthropy West Virginia

Cynthia Morrison April 27, 2013
 Signature Date

Legal Assurance

I affirm to the best of my knowledge that our organization is in compliance with applicable state and federal regulations. Our foundation/corporate giving program will comply to respect the non-solicitation policy and space of Philanthropy WV.

Cynthia Morrison 4-27-13
 Authorized Signature Date

Cynthia Morrison Executive Director
 Print Name Title

DUES SCHEDULE:

Philanthropy West Virginia bases its dues on the average of the previous two year's grantmaking.

Total grantmaking in last year: \$ N/A for fiscal year ending: _____

Total grantmaking two years ago: \$ N/A for fiscal year ending: _____

Average grantmaking during previous two years \$ N/A

If you are a new grantmaker, you would be based upon your projected first year calculation of your endowment amount times 5% = \$650-. Your projected grantmaking is the average you would use to determine your dues level as outlined below.

Average Grantmaking	Dues Level
Public Grantmaking, Community Foundations, and United Ways (In-State)	
\$1 -- \$100,000	\$350
\$100,001 -- \$500,000	\$650
\$500,001 -- \$1,000,000	\$950
\$1,000,001 -- \$2,500,000	\$1,300