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All VNAF Board members provide their time and services voluntarily and receive no compensation.



M I S S I O N

From 1890 to 1995, VNA employed its own nurses and other health professionals to provide healthcare to the underprivileged. Now VNA operates exclusively as a grantmaking foundation, giving financial support to nonprofit organizations offering home- and community-based care to the underserved. Our methods have changed, but our mission has not: To support home- and community-based healthcare for the medically underserved in the Chicago metropolitan area.



Janet Cabot
Chair

Learning and Growing

What a difference a year makes. Last year, in the Chair's Letter I wrote about how the less-than-robust economy took its toll on the investment income that supports our grantmaking. The good news is that this year as the economy rebounds so does our ability to fund grantmaking at an increased level. And this is great news for the many tremendous community-based organizations that look to VNAF for financial support.

Fiscal Year 2004, the period covered in this annual report, marks our 8th year as a grantmaking organization. Over that time we have awarded \$13,802,181 to 142 different nonprofit agencies serving the Chicago area's medically underserved. While eight years may not be a milestone that is traditionally celebrated, it is one worth noting. It's not simply about the numbers – although they are impressive. It's about what we've learned along the way that has shaped and strengthened our outreach. The Board and VNAF staff have learned an enormous amount about grantmaking, about our nonprofit agency partners, and about the needy populations we seek to serve.

We learned first-hand the tremendous value of community health nurses and created a program to shine the spotlight on these creative and dedicated professionals. As you will read in this report, for the third year we have honored excellence in community and public health nursing through our Super Star in Community Nursing Award. In recognizing these nurses, we acknowledge the vital importance of this profession and in some small way help to encourage others to consider its rewards.

We also learned by measuring the impact of our grants. Virtually every grant approved by the VNAF has had measurable outcomes (quantitative and qualitative measures developed in conjunction with grantees in advance of funding) to help assess the effect of the grant. We believe that the thought and planning required to develop measurable outcomes helps the grantee to design and provide the best services possible, maximizing the impact of our limited grant dollars, while also allowing us to share with other applicants what works and what may not. And early on we found out something interesting: we often learn as much from our challenges as from our successes, and if we take no risks we make no progress.

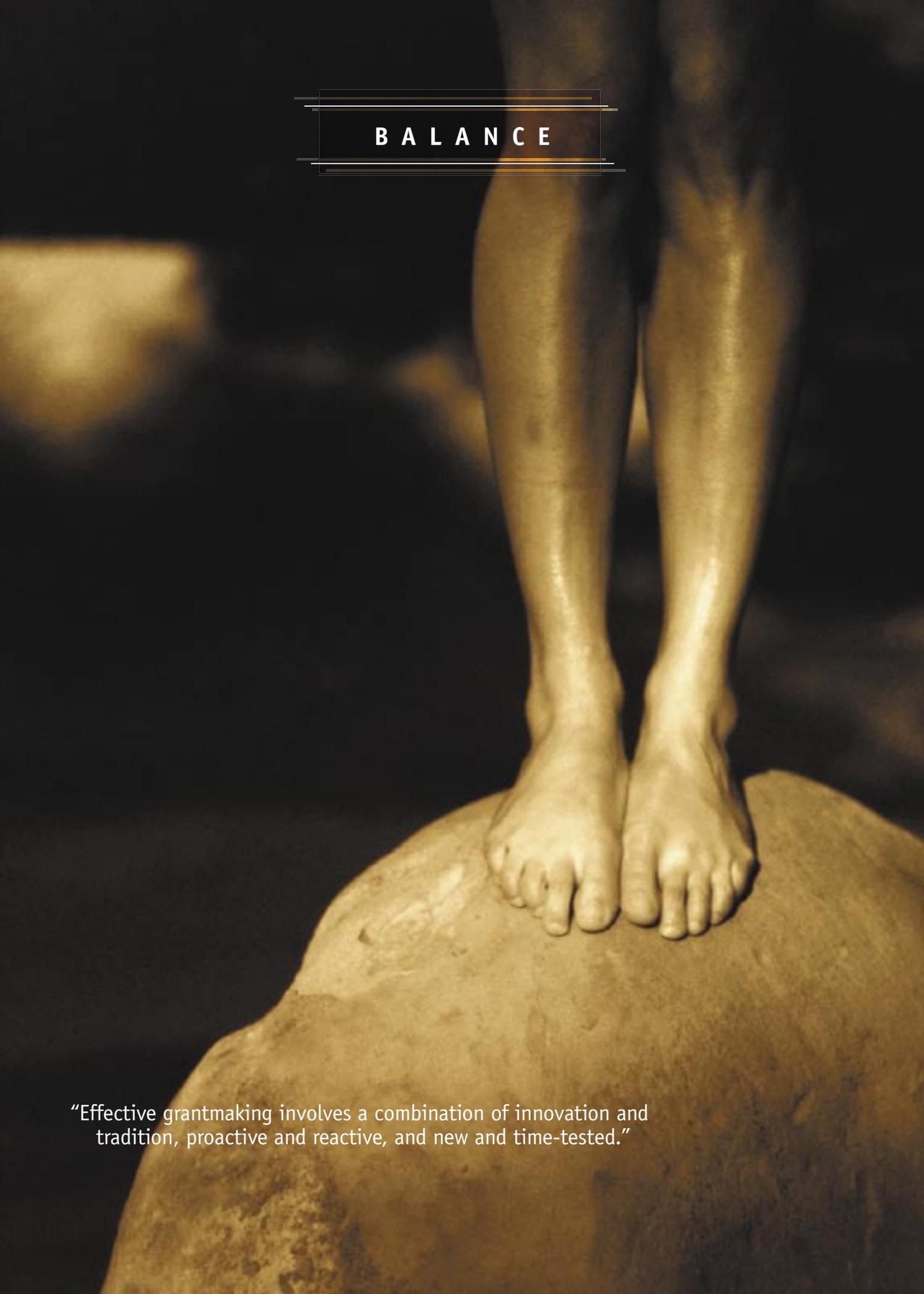
Lastly, we learned by collaborating with partners, both at peer foundations and at nonprofit agencies. VNAF staff meets throughout the year with other healthcare funders to exchange ideas, pose questions and learn from each other's experiences. The Oral Health Initiative recently approved by the Board is a perfect example. This is an exciting collaborative effort that ultimately will bring much needed dental services to the underserved. All too often dental health is overlooked but its impact on overall health is tremendous. VNAF staff saw the need and the opportunity to take the lead in bringing together peer foundations and is working together with them to forge a private and public partnership that will help to increase access to dental services.

At the VNA Foundation we seek to continually evolve as grantmakers and to honor in the best way we can our simple but compelling mission: to support the provision of home- and community-based health services for the medically underserved in the Chicago area. With your help, we look forward to continuing to learn and grow as grantmakers.



G R O W T H

“With your help, we look forward to continuing to learn and grow as grantmakers.”

A photograph of a person's legs and feet standing on a large, smooth rock. The scene is lit with warm, golden light, creating a soft glow on the skin and the rock. The background is dark and out of focus. The word "BALANCE" is centered at the top of the image, enclosed in a thin white rectangular border with horizontal lines above and below it.

BALANCE

“Effective grantmaking involves a combination of innovation and tradition, proactive and reactive, and new and time-tested.”



Robert N. DiLeonardi
Executive Director

Many Paths to the Same Goal: Balance in Grantmaking

One of the more elusive but particularly worthwhile joys of grantmaking is seeing an early, modest investment in a small agency or program return big dividends down the road. Several times, VNAF has been fortunate enough to have provided the key initial seed money to allow new, creative programs to blossom on the vine, and at least two pioneering efforts we nurtured are now national model programs. These innovative programs abandoned convention and used novel approaches to achieve success.

As satisfying as these experiences have been, however, we believe that ongoing support of a well-proven, existing program can often be just as important as support of an innovative new approach. So you will see in the pages of this annual report the reflection of a grantmaking philosophy that acknowledges the importance of both proactive, innovative programming, and the undeniable necessity of, in the meantime, “keeping soup on the table.”

For while innovations are being tested and novel approaches developed, medically underserved children still need basic care at school-based health centers, working poor families still require the range of health services offered by free clinics, and the homebound elderly still rely on the crucial treatment provided by a visiting nurse. Some foundations may be interested in funding only new programs or ideas or have inflexible rules regarding continued support. We believe that the best and most effective grantmaking involves a combination of innovation and tradition, proactive and reactive, and new and time-tested.

So VNAF’s priorities are simple: If a grant will help provide health services to those who otherwise would not be able to access them, VNAF will consider it. Beyond that, we believe our grant applicants are best served by individualized consideration.

We look forward to another year of working together with grantees to help address the needs of the medically disenfranchised, whether it be through support of bold originality or time-proven effectiveness. Because in the end, our goal is always the same: to assist the medically underserved through grantmaking that is as effective and beneficial as we know how to make it.

COMMITMENT

2004 Super Star in Community Nursing Awards

*Staying true to our roots, the VNA Foundation promotes community and public health nursing and the remarkable individuals who provide nursing care to the Chicago area's most needy populations. Through VNAF's **Super Star in Community Nursing Award** we recognize outstanding nurses, all nominated by their peers, with unrestricted cash awards. Here, we share their stories to encourage others to consider entering the extraordinary field of community nursing.*

VNA Foundation Selects Its 2004 Super Star in Community Nursing and Awards \$25,000 to Sandra Wilks, MSN, RN

The selection of the finalists and the winner of the Super Star in Community Nursing Award is a daunting task for the awards panel—each an accomplished professional in his or her own right. The nominations, prepared and supported by colleagues, are extremely compelling.

Nominations for this year's third annual Super Star Award were once again outstanding and the competition was stiff; however, even among this group of nurses who have committed their professional lives to helping the uninsured, homeless, and impoverished, Sandra Wilks, MSN, RN stood out.

It was early experiences in life that inspired Ms. Wilks to pursue a career in community nursing. She has used her knowledge of inner-city living, the support from her family, and her years of education to achieve her professional goal and now serves people living in poverty, particularly teens who are at increased risk for unintended pregnancy and becoming victims of the street.

Ms. Wilks, MSN, RN is the Director of Community Outreach for Chicago's Michael Reese Hospital. As the 2004 Super Star in Community Nursing, Ms. Wilks received from VNAF a \$25,000 unrestricted grant during an awards ceremony on June 8, 2004. The Research and Education Foundation of the Michael Reese Medical Staff was also presented with a \$5,000 award to be used toward Ms. Wilks' family planning program.

The Super Star in Community Nursing Award is intended to acknowledge the service that Public Health/Community Health nurses provide, recognize the value of nursing in the community, and help attract young people to the profession.



(L to R): Board members Kathy Miller and Janet Cabot (Chair); Award Winner Sandra Wilks; board members Julia Cowell, Marie Harris and Brigid Kenney.



Award Finalists Cat Quinn, Pam Gossman, Ann McCormick, Monica Dillon and Deborah Bjurstrom; Award Winner Sandra Wilks in yellow in front row.

In the interest of better recognizing the Super Star in Community Nursing Award finalists and their contributions to the health of our communities, the VNA Foundation Board of Directors approved unrestricted awards of \$5,000 to each of five finalists. The finalists distinguished themselves not only by their accomplishments, but by their strength of character.

Finalists for the 2004 Super Star in Community Nursing Award

Deborah E. Bjurstrom, BS, RN, CSN | [School Nurse, Schurz High School, Chicago.](#) » Known for her boundless energy that helps her effectively deal with the challenges she encounters interacting with more than 2,600 inner city students at Schurz High School, Ms. Bjurstrom empowers her student patients to take an active role in managing their health. Bjurstrom also advocates for homebound students and those with high-risk pregnancies and other complex medical issues.

Monica Dillon, BSN, RN | [Community Health Nurse, Howard Area Community Center, Chicago.](#) » In her job as a community health nurse, Ms. Dillon is a tireless advocate for the needs of the medically underserved in Rogers Park. She has created innovative programs including a lead poisoning prevention program, bringing together key community leaders ranging from public health officials to politicians, and, ultimately, secured a grant from the Chicago Department of Health. Her work is the basis for a National Institute of Health proposal that would replicate the partnership model in other Chicago area communities.

Pam Gossman, ND, APN, CFNP, BC-ADM | [Volunteer Diabetic Coordinator, Tri-City Health Partnership, St. Charles.](#) » Dr. Pam Gossman not only helped found the Tri-City Health Partnership, a free medical clinic for low income uninsured residents of the western suburbs, she also volunteers her time at the clinic to provide specialized diabetic care. Gossman also works at the Open Door Clinic, a not-for-profit agency that serves HIV/AIDS patients and provides testing for sexually transmitted diseases.

Ann McCormick, MSN, FNP | [Nurse Practitioner, Helping Hands Health Center, Chicago.](#) » Recognizing the need in her community for improved access to healthcare services, Ms. McCormick quit her fulltime job to spearhead the opening of a free health clinic for the uninsured—The Helping Hands Health Center. To get the clinic “up and running” McCormick volunteered full time as the clinic’s nurse practitioner, seeing hundreds of patients, and developed a VNAF grant to fund future staffing. She now oversees the clinic health services while continuing to see patients and has become proficient in Spanish to better meet her client population’s needs.

Catharine E. Quinn, BSN, RNC | [Health Educator/Community Nurse and Co-Facilitator, Latina Girls Club, Lake View High School - School Based Health Center, Chicago.](#) » “Cat” Quinn is recognized as an innovator in her field and has made an immeasurable impact at Lake View High School. In addition to her work as a community health nurse, she is the co-facilitator of the school’s Latina Girls’ Club, a program created by Latinas and for Latinas. Quinn, who is bilingual, is committed to helping her students make educated and informed health choices and encourages them to stay in school. Quinn has also been instrumental in supporting teen mothers and encouraging sexual preference tolerance.

Success Stories: Sharing What We've Learned

VNAF has seen positive outcomes from many of its grants and believes that sharing these experiences is of value to others. Here we share three examples of successful grants. Please visit www.vnafoundation.net for more.



PARTNERSHIP

We always try to be a true partner in the grantmaking process and provide assistance beyond just grant dollars.

When a Successful Grant Is Not Only a Grant: Assistance Beyond Dollars

Under nearly any circumstance, \$2 million is a lot of money. But when it comes to addressing the health needs of the hundreds of thousands of medically underserved families in the Chicago area, that amount of money doesn't go nearly as far as we'd like.

So even though the VNA Foundation typically grants about \$2 million per year to a variety of agencies providing health care and health services to the homeless, the working poor and the medically disenfranchised, we also try to maximize the impact of those dollars by providing assistance beyond just handing over the check. One way we do this is by listening to our grantees. We ask for written reports on the progress of funded programs and projects and review them carefully. And when we find techniques or strategies which work for one grantee's project, we share that information with other grantees doing similar work.

Several times over the years, the VNAF board and staff have also discussed whether VNAF should take more specific steps to facilitate networking among grantees. We have talked about hosting regular gatherings of our grantees, creating grantee-specific message boards on our web site, or inviting our grantees to discuss common challenges and successes at our annual awards luncheon.

Generally, what has stopped us from implementing these suggestions has been a concern that we would add to our grantees' burdens rather than relieve them; that because VNAF as a funder was offering these networking opportunities, our grantees would feel obligated to participate in them.

Earlier this year, we proved those concerns to be unwarranted. Through some recent conversations with grant applicants, VNAF staff had received feedback that a meeting among providers of healthcare to the homeless was long overdue and would be warmly welcomed. So VNAF, in conjunction with Michael Reese Health Trust, hosted what was to be a small and informal gathering of local providers of health care to the homeless. We initially expected that perhaps half a dozen providers would attend the meeting, and as news of the event spread via word-of-mouth, we ultimately planned for 25 attendees. In the end, however, over 40 providers and funders attended the meeting. It was a wonderfully successful event, with the only downside being that the two-hour time slot proved insufficient, so subsequent meetings were planned.

As the "silent partners" in the grantmaking process, it was very gratifying for us to see representatives of agencies from all over the city share common frustrations and nod in emphatic agreement as their peers described the challenges they faced. Group gatherings such as this one inevitably facilitate solutions too, and some preliminary improvements are already in process as a result of these meetings.

How does a small foundation become and remain as effective as it can? We believe it is by always trying to be a *true partner* in the grantmaking process and by providing more than just dollars to its grantees.

Technology Initiative: The Big Impact of a Little Grant

Like all foundations, VNAF enjoys funding highly innovative and exciting new programs and projects. We also recognize, however, the sometimes critical need for the underwriting of more “everyday” needs, including administration and infrastructure. In 2001, the VNAF Board approved an ongoing Technology Initiative, which has the goal of helping nonprofit health service providers best capitalize on technology. As part of this initiative, for the past two years VNAF has partnered with the Prince Charitable Trusts (<http://fdncenter.org/grantmaker/prince/index.html>) to award grants to address the technology needs of community-based health centers serving low-income populations.

These grants, which improve and support the information technology and computer functions of the health centers and are up to \$25,000 each, have been among the most successful and appreciated of any of our recent grants. In this era of computer control of everything from scheduling to medical records to payroll, technology enhancements can have a very visible and daily impact. Many of the grants helped to streamline burdensome administrative chores as well as enhance patient care, so as a result, service delivery and patient satisfaction were improved and staffs received a well deserved boost to their morale.

The grants paid for needs like workstations, hardware and software upgrades, network installations and all necessary professional training. Dramatic reductions in system downtime, data entry errors and user frustration were experienced by several of the grantees, and security enhancements, streamlined data backup procedures and improved recordkeeping were reported by others.

We were delighted to see such impressive and immediate impact from modest grants for simple purposes, and are pleased to consider all types of grants as long as the end result is the same: a positive impact on the health of Chicago’s medically underserved.



P R O G R E S S

“In this era of computer control of everything from scheduling to medical records to payroll, technology enhancements can have a very visible and daily impact.”



POTENTIAL

Several nurses originally supported by VNAF-funded fellowships remain at work in clinics in Chicago's neediest communities—even after graduation.

Direct Service *and* Nurse Training: The Double-Impact Grant

The majority of programs funded by VNAF focus on the provision of direct services to those in need. As detailed in this report, we fund many home visiting programs, school- and community-based health centers and free medical clinics.

In our continuing quest to maximize the impact of our grant dollars, however, we also seek to support programs which not only provide direct services, but also serve as important training grounds for healthcare professionals.

This year, grants to Pilsen Homeless Services, the Community Health Clinic, Helping Hands Clinic, Interfaith House, Chicago Christian Industrial League, the DePaul University Free Clinic and others all support not only the provision of direct care to thousands of medically underserved Chicagoans—from the most destitute homeless to the newly unemployed—but also the training of nursing students who work at the agencies via arrangements with nearby schools of nursing.

These clinical experiences are unique opportunities for nursing students, allowing them to practice community-based nursing first-hand. Community-based care of the medically underserved has unique challenges and rewards that are unlike any other within nursing. It is our hope that this front-line experience will be favorably recalled when these nurses-in-training plan their careers, thus allowing for, in a sense, two groups of beneficiaries from these grants.

And prior experience tells us that hope for achieving this “double impact” may in fact be justified. For six years VNAF has supported the Albert Schweitzer Nursing Fellows program, administered by Chicago’s Health and Medicine Policy Research Group. The program places nursing students in community-based clinics and service sites in medically underserved areas within the city of Chicago. To date several fellows supported by VNAF funding have reported that the Schweitzer program allowed them to confirm their commitment to working with underserved populations as they advance in their careers, and at least six are currently at work in clinics and programs in Chicago’s neediest communities—one of the best outcome measures for which we could ever hope.

How Do We Know if We Are Making a Difference?

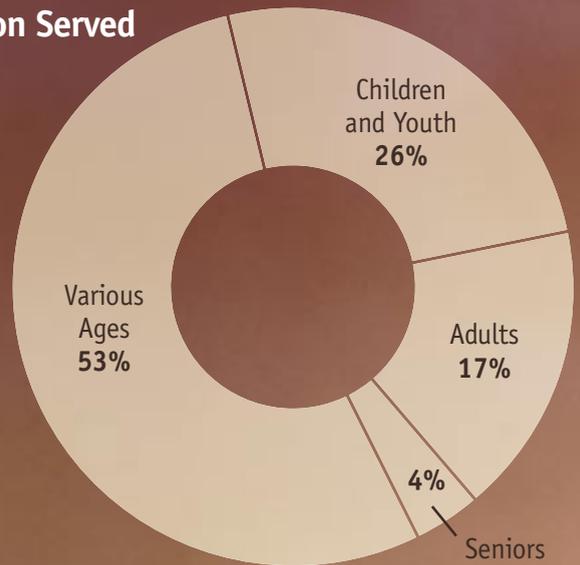
It's a question that has probably haunted foundation staff and boards since the first grantmaking foundations were formed.

VNAF believes that its grants can make a difference, and that these differences can be demonstrated. VNAF requires each grant to have measurable outcomes, some objective measure of the impact—good or bad—of the program or purpose funded by the grant. Sometimes these outcomes are easy to establish; they are an integral aspect of the very purpose of the grant. In other instances, a responsive dialogue between grantor and grantee is required. Regardless of how they are ascertained, outcome measures provide valuable information to both parties about the successes achieved or challenges faced by a grant-funded program.

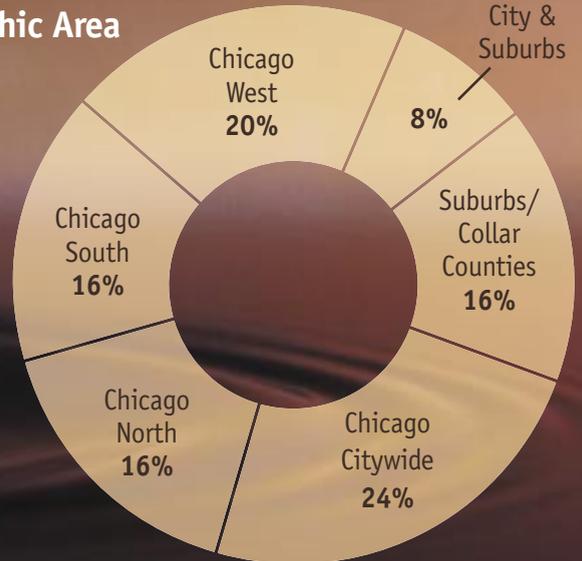
Although diverse in amount, target population and purpose, virtually all the grants listed on the following pages have measurable outcomes. They also share an even more important feature: they represent our very best effort to make a difference in the lives of those we seek to assist.

IMPACT

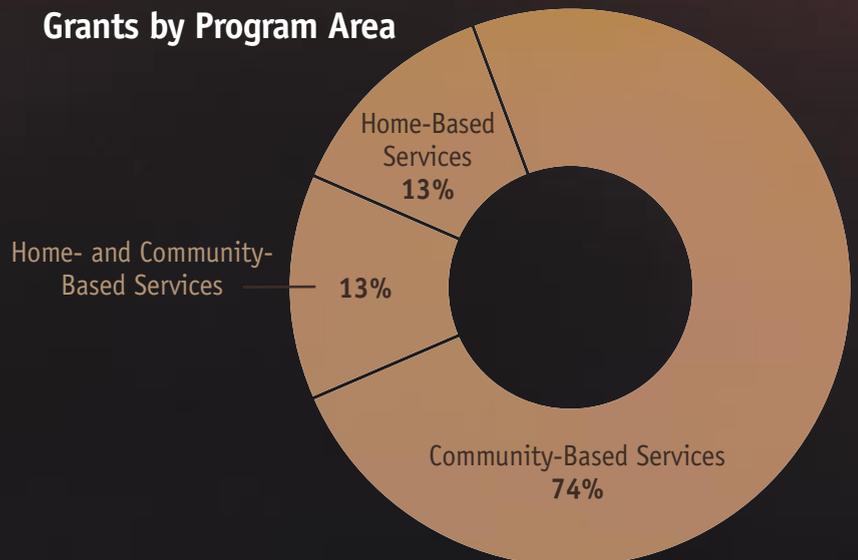
Grants by Population Served



Grants by Geographic Area



Grants by Program Area



Grants 2004

American Lung Association Of Metropolitan Chicago | \$30,000

To provide flu and pneumonia vaccinations to the medically underserved.

Breakthrough Urban Ministries | \$26,726

To provide healthcare services to homeless women and to purchase eyeglasses for homeless children and families.

Centro Comunitario Juan Diego | \$35,000

To support community outreach and health education services in South Chicago by trained community health promoters.

Centro San Bonifacio | \$20,000

For home-based prenatal, doula and post-partum services provided by health promoters for low-income Hispanic women.

Chicago Christian Industrial League | \$35,000

Toward the salary of a nurse practitioner to staff an on-site clinic serving homeless men, women and children in a transitional living program.

Chicago Communities in Schools | \$30,000

To coordinate the delivery of health-promoting services for students, their families, school staff and community members at 114 Chicago public schools.

Chinese American Service League | \$48,750

Toward the salary of a nurse for a program that provides homemaking and preventive health services for homebound senior citizens.

Community Health | \$21,000

To purchase computer equipment, and for computer training and consulting.

Community Health | \$60,950

For the salary of a nurse at this free clinic on Chicago's northwest side.

Council on Foundations | \$4,350

General operating support for this organization serving philanthropic foundations.

Deborah's Place | \$15,000

Toward the salary of a Health Services Advocate to provide health education and supportive services to homeless women.

DePaul University | \$43,200

For a Nurse Case Manager at a free clinic in Lincoln Park serving the homeless, working poor and elderly, and others who lack access to health care.

Donors Forum | \$3,846

For general operating support.

Erie Family Health Center | \$12,000

Toward the salary of a staff person who will take primary responsibility for strategy, business planning, grant seeking, operations management, facility renovation and implementation of a new regional oral health center.

Family Alliance | \$30,000

For a nurse to assist those caring for a family member with dementia at home.

Family Network | \$25,000

For a Home Visitor to serve at-risk, primarily Spanish-speaking families in Lake County.

Greater DuPage MYM, Inc. | \$15,000

To provide doula services to pregnant teens in DuPage County.

Health and Medicine

Policy Research Group | \$33,000

To fund six Chicago Schweitzer Nursing Fellows to work in clinics in medically underserved areas.

HealthReach | \$35,870

Toward comprehensive disease management services for patients with diabetes or hypertension at this free clinic in Lake County.

Helping Hands Health Center | \$69,355

For the salary of a nurse practitioner at this free clinic in Chicago.

Henry Booth House | \$68,970

For the salary and benefits of a bilingual (Chinese and English) nurse at a health center on the near south side.

Horizon Hospice | \$30,000

To cover the cost of palliative care for patients who lack the resources to pay for home-based services.

Howard Area Community Center | \$30,250

Toward the salary of a nurse to address children's health promotion, lead poisoning prevention, medication access, and prenatal care.

Illinois Maternal & Child

Health Coalition | \$18,750

To provide technical assistance to hospitals that enroll eligible people in Medicaid, KidCare and FamilyCare.

Infant Welfare Society of Chicago | \$25,000

To purchase computer equipment, and for computer training and consulting.

Institute of Women Today | \$15,000

To support the salary of a part-time nurse and for medical supplies at this agency that provides services to homeless women and their children.

Interfaith Council for the Homeless | \$25,000

Toward the salary of a nurse practitioner to provide health services to individuals and families living in interim and supportive housing.

Interfaith House | \$50,000

To provide services to homeless people after they have been discharged from a hospital or emergency room.

Lake Forest Hospital | \$25,000

In support of its mobile "Care Coach" program of health services for medically underserved residents of Lake County.

Mobile C.A.R.E. Foundation | \$50,000

For nursing staff who provide van-based mobile health care, case management and educational services to children with asthma.

Oak Park-River Forest

Infant Welfare Clinic | \$33,000

To support preventive and restorative dental care for low-income children.

PCC Community Wellness Center | \$50,000

To improve the health outcomes of pregnant women, new mothers and their children through prenatal classes, home visits and hospital outreach.

Pilsen Homeless Services | \$15,000

Toward salaries, medications and supplies that support shelter- and street-based outreach efforts to the homeless.

Port Ministries | \$32,000

Toward the salary of a Nurse Manager at a free clinic in the Back of the Yards neighborhood.

Residents for Effective Shelter Transition | \$15,000

For medication, supply and transportation costs for a clinic that provides basic health care for homeless adults.

St. Bernard Hospital and Health Care Center | \$25,000

Toward the salary of a nurse who provides immunizations, health services and health education from a mobile health clinic.

Suburban Primary Health Care Council | \$30,000

In support of a program that links the uninsured with local primary care physicians that provide health services at minimal charge.

Super Star Nurse Awards | \$55,000

To recognize an outstanding community/public health nurse, his or her employing agency and five award finalists. See pages 8-9.

Swedish Covenant Hospital | \$63,620

To support a program at a school-based health center to improve the health of students who are pregnant or at risk of becoming pregnant.

Teen Living Programs | \$51,400

Toward a comprehensive health program offering medical care, health education and psychiatric services to homeless youth.

Well Child Center | \$35,500

To expand health services to include sick child care at this clinic and at a local school.

Westside Health Authority | \$35,000

Toward the salary of a nurse practitioner to provide basic services and oversee a childhood obesity prevention program.

WINGS | \$25,000

For the salary of a part-time nurse at an emergency shelter for women and their children who are victims of domestic violence.

Young Women's Leadership

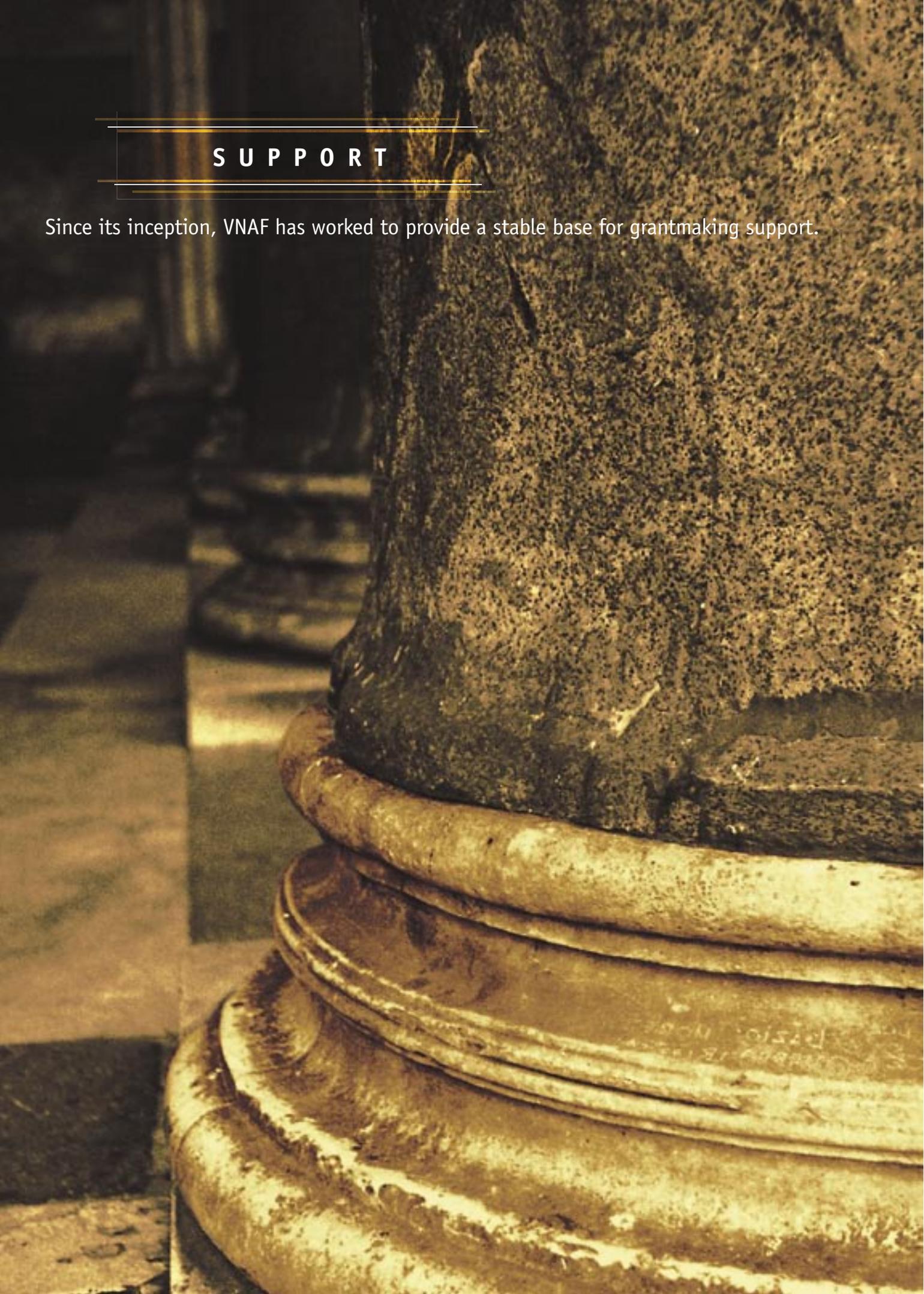
Charter School of Chicago | \$38,400

For a nurse practitioner at a school-based health center serving girls in middle and high school.

Youth Guidance | \$20,000

For salaries and lab work at a high school-based health center located in the West Town/West Humboldt Park area.

T O T A L - 51 Grants: \$1,455,937



SUPPORT

Since its inception, VNAF has worked to provide a stable base for grantmaking support.

STATEMENT OF FINANCIAL POSITION

	JUNE 30, 2004	JUNE 30, 2003
ASSETS		
Investments	\$ 44,120,563	39,167,493
Cash	26,224	52,116
Other	264,937	276,027
Total Assets	44,411,724	39,495,636
LIABILITIES AND FUND BALANCE		
Accounts Payable	\$ 3,251	—
Fund Balance	44,408,473	39,495,636
Total Liabilities and Fund Balance	44,411,724	39,495,636
REVENUES AND EXPENSES		
REVENUES		
Investment Gains (Loss)	\$ 6,130,894	(152,315)
Investment Income	864,245	994,680
Contributions Income	37,311	47,288
Total Revenue	7,032,450	889,653
OPERATING EXPENSES		
General and Administrative	\$ 389,021	393,765
Investment Management Fees	200,480	186,147
Total Operating Expenses	589,501	579,912
Excess of Revenues Before Other Items	6,442,949	309,741
OTHER INCOME EXPENSES		
Program Grants Paid	\$ (1,455,937)	(2,063,355)
Projected Excise Tax	(76,526)	(8,143)
Excess Revenues (Expenses)	4,910,486	(1,761,757)

Guidelines for Grant Applications

The grantmaking goal of the VNA Foundation is to support home- and community-based healthcare and health services for the medically underserved in Cook and the collar counties, with a focus on Chicago.

I. To meet this goal, capital, program and general operating grants will be considered which are in support of but not limited to the following purposes:

- Home healthcare services
- Community and school-based services
- Primary care and chronic disease management
- Health education and early intervention

II. Priority will be given to programs in which care is provided by nurses.

III. All grants must:

- Have measurable goals and objectives.
- Be submitted by an organization exempt from income tax under sec. 501 (c)(3) of the Internal Revenue code.
- Benefit the medically underserved.

Application Procedures

1. Review carefully the Guidelines for Grant Applicants listed above to determine your eligibility for consideration.
2. If you wish to apply, contact the VNA Foundation office or visit us on the web at www.vnafoundation.net to learn current submission deadlines.
3. Send four copies of a letter of intent of 2-3 pages which briefly describes the project or purpose for which you seek funding, including: the overall goal, the specific outcome measures demonstrating the impact of the grant (beyond just volume measures), a workplan of how the objectives are to be achieved, the identity of the key staff, the specific amount to be requested and the total time frame. Facsimiles Not Accepted.
4. Based upon review of this letter, you will either be asked to submit two complete copies of a full proposal (including a completed Chicago Area Grant Application Form, 5-7 page narrative, and budget with narrative, and attachments) or be advised to look elsewhere for funding.
5. Address the letter of intent to:

Robert N. DiLeonardi
Executive Director
VNA Foundation
20 North Wacker Drive, Suite 3118
Chicago, IL 60606
(312) 214-1521

