



Community Contribution Request

Public Affairs

Within the scope of its community support, Mayo Clinic considers contribution requests for local youth enrichment from Rochester and neighboring communities, for festivals and health and wellness activities. This form is not intended for requests to Mayo Clinic Health System sites. Funds awarded should be used in the calendar year received.

Instructions: Complete all fields and save the file. Open a new email message, attach the file and send to communityengagement@mayo.edu. Adobe Reader 11 or Acrobat is required to save the form. This form can also be mailed to Community Engagement, Mayo Clinic, 200 First Street SW, Rochester, MN 55905.

Specific Funding Areas

<input type="checkbox"/> Youth enrichment
<input type="checkbox"/> Rochester area community festivals
<input type="checkbox"/> Health or wellness activities in Rochester area communities (not Mayo Clinic Health System locations)

Organization Information

Requestor		Date Today (Month DD, YYYY)
Street Address		
City	State	ZIP Code
Email	Phone	
Organization or Group Requesting Donation		501c3 (non-profit) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Your group is not a 501c3, but you have a fiscal agent (list) _____ <input type="checkbox"/> Your group has no fiscal agent		
<input type="checkbox"/> Previous requests and years funded (list) _____ <input type="checkbox"/> Have not previously requested		
Amount Requested	Total Project or Activity Amount	Activity Budget Plan (attach)
Other Funding Sources or Contributors to this Program or Activity		Enter the number of people expected to participate or be served by this activity.
Provide a description of your program and current needs (waiting lists, etc.).		
Current Organization Operating Budget (attach)		
How will you recognize Mayo Clinic for this contribution?		
Other Relevant Information		