



## Mayo Clinic Florida Community Grant Program 2017 Cycle

Dear Nonprofit Community Partner:

Thank you for your interest in Mayo Clinic Community Grant Program.

For this grant cycle, in addition to overall community outreach priorities referenced in the attached packet, Mayo Clinic in Florida has chosen to the following three community needs identified in the Community Health Needs Assessment.

1. **Health Disparities:** To supports local service programs that have a goal of reducing the prevalence and burden of chronic disease and other health indicators particularly in populations and/or communities where the prevalence is disproportion to other populations and/or communities. Specific focus includes disease prevention, health promotion, and education to individuals affected directly or indirectly by a chronic disease.
2. **Mental health:** To support local service initiatives that invest resources and working collaboratively with other agencies to promote mental health.
3. **Obesity/Nutrition/Lifestyle:** To support local service efforts to achieve objectives for addressing factors leading to obesity, reducing obesity and reducing the burden of obesity-related disease.

Agencies requesting funding, must meet requirements outlined in the table on the right. Please note, there are two funding category processes, one for in excess of \$5,000 and the other for \$5,000 and less. Please note the differences in the attached packet.

We look forward to working with you to meet the priority health needs of Duval and St. John’s Counties. Thank you for your commitment to your community!

Amy Pollak, MD  
Chair, Community Giving Committee

Ann-Marie A. Knight, FACHE  
Administrator, Community Relations

### Eligibility

#### **Are you eligible to apply for a Mayo Clinic Community Giving grant? Review this checklist to determine:**

- Community based organization with a 501(c) (3) federal designation; or an organization being provided fiscal agent oversight by an established community based organization with such designations; a school or government agency.
- The program for which you seek funding must fit within the Mayo Clinic Florida Health Priority needs on this page.

Services/support offered must be available to residents of Duval and/or St. John’s counties.

- End-of-year reporting is required. Funded organizations will be required to submit a report, describing progress toward project goals and outcomes achieved within 45 days of the end of the full grant period.



# Mayo Clinic Community Giving Program in Florida

## Priorities, Process and Instructions

Mayo Clinic is a not-for-profit organization with the primary mission of patient care. As a private trust for the public good, Mayo Clinic is dedicated to giving back to its local community through its Office of Community Relations. Mayo Clinic partners with others to ensure that:

- Community investments align with its mission to advance patient care, research and education
- Our community is a welcoming, vibrant and healthy environment
- Our community is an environment that attracts and sustains a diverse Mayo Clinic workforce to provide the best patient care

Mayo Clinic in Florida considers requests from registered 501(c) (3) organizations in North East Florida for funding support for new and ongoing programs that support the above goals. These may include:

- human services
- education and workforce development
- diversity and inclusion
- the arts and cultural enrichment
- multi-year grants (considered as Mayo Clinic financial resources allow)
- community events\*\*

Mayo Clinic asks that organizations request funding no more than once per calendar year.

# Our Priorities

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**Priority is given to efforts that demonstrate one or more of the following:**

- Address significant and emergent needs within our community as referenced in the Community Health Needs Assessment. While there are a number of needs as a result of the assessment, our focus is limited to three priority areas. For 2016-2019, those priorities are Health Disparities, Mental Health and Obesity/Nutrition/Lifestyle (see cover letter for details).
- Improve health and wellness of the individuals and communities we serve
- Enable long-term community capacity building and sustainability
- Demonstrate partnership building and collaboration

**Mayo Clinic's Community Giving Program does not provide funding for:**

- Endowments
- Financing for sole purpose of organizational debt relief
- Religious or political activities
- Programs and projects that limit participation for reasons of race, sex, age, religion, national origin, marital status, color, creed, sexual orientation, gender identity and expression, disability (physical and mental), genetic information, veteran status, and status with regard to public assistance.
- Programs or projects benefiting a specific individual

# Our Process

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## Timeline for Proposal Submissions

Mayo Clinic welcomes funding requests at any time however; funding decisions are made on a quarterly basis. An organization may only submit one grant request per calendar year.

- Requests will be reviewed within the following deadlines and review dates:

	<b>Submit request by</b>	<b>Committee Review</b>
Quarter 1	February 28	March 31
Quarter II	March 13	May 31
Quarter III	May 31	August 30
Quarter IV	August 30	November 30

## Reporting requirements

Organizations that have received Mayo Clinic Community Giving funding in the prior year(s) must provide a report on the outcomes of previously funded projects/program prior to being considered for new funding.

# Instructions

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## Application Procedures

Please submit your grant request using the attached Application Form. Omission of any required documents or attachments means your application will not be considered until a complete request is supplied. A Required Document Checklist is provided to ensure a complete packet for submission and consideration.

Annual requests should include a prioritized description of all funding items requested for the year and may include items such as:

- General operating expenses of the organization
- Support for specific programs or projects such as a set of connected activities designed to have measurable impact/outcomes and defined progress

We will contact you within two weeks to acknowledge our receipt of your request. A primary reviewer will be assigned to your request and may contact you with specific questions and/or to request additional information.

We may also ask for you to visit with our Community Giving Committee to present and discuss your request in more depth. The Mayo Clinic Contributions Committee finalizes funding decisions on a quarterly basis. Final decisions and notification will not be made until after the award decision dates outlined above.

Mayo Clinic strongly encourages using the Charities Review Council (CRC) Accountability Wizard (<http://smartgivers.org/nonprofits/accountability-wizard-review-process/start-new-review-renew-existing-one/>)

## Request submission instructions and contacts:

**Forward electronic requests for funding to:**

[FLACommunityRelations@mayo.edu](mailto:FLACommunityRelations@mayo.edu)

To discuss a project prior to submitting a request, please contact:

ANN-MARIE KNIGHT, FACHE  
[Knight.annmarie@mayo.edu](mailto:Knight.annmarie@mayo.edu)

**Note: Do not send packets to this address. They will not be reviewed.**

# **APPLICATION FORM**

## ***Community Contribution Request Greater than \$5,000***

This form must be completed to have your submission reviewed by the Community Giving Committee; incomplete applications will not be considered. Please contact the Mayo Clinic Community Relations Program by email at [FLACommunityRelations@mayo.edu](mailto:FLACommunityRelations@mayo.edu) with any questions concerning the request form, document requirements or process. Please limit the completed request form to no more than 8 pages.

### **1) Required Documents**

In addition to a thorough completion of the application, please use the following documents checklist to ensure all required documents are included along with your application form. These documents must be attached to the application form or emailed separately to [FLACommunityRelations@mayo.edu](mailto:FLACommunityRelations@mayo.edu).

### **2) Document Checklist**

The following documents must be submitted with the completed Application Form. Mayo Clinic will not review requests until all documents are provided.

- Application Form
- Verification of tax-exempt status (IRS determination letter)
- W-9 identification number and certification
- Cover letter signed by organization's director and/or board chair summarizing the request on organization letterhead
- Report on the most recent outcomes of programs/activities if previously supported by Mayo Clinic
- List of officers and board members, with any known Mayo Clinic employees identified
- Copy of most recent 990 tax form
- Annual organizational operating budget, including all sources of funding
- Most recent audited financial statement
- Most recent annual report

### 3) Organization Overview

Name of organization:

Date of request:

Title of request:

Amount or in-kind requested and date of need:

Primary contact for this request (name, phone and e-mail):

Provide a list of all support (cash and/or in-kind) that has been provided by Mayo Clinic (the Community Giving Committee) to your organization for any purpose/program over the past five years:

Will this require ongoing Mayo Clinic support and/or support from another organization outside of this request?

Identify (name) and list (amount(s) requested and/or secured from other organizations that have been approached to support this request.

#### 4) Program Activity Details

Describe the program/activity that you are submitting for funding consideration.

What is the timeline for the activities related to this request?

#### 5) Community Responsiveness

What is the current need related to this request and how was it identified?



## 6) Collaboration Efforts

Are there other existing community efforts focused on this need? Who are the other community organizations? What are their roles in addressing the need? How are you collaborating with other organizations to address this need?

## 7) Participants/Clients – Target Population

How many participants/clients will be served?

How will participants be identified and selected?

What efforts will be made to reach out to underserved or underrepresented populations?

(Underserved populations are those experiencing health disparities, having difficulty accessing social safety support services or are at risk of not receiving adequate medical care as a result of being uninsured or underinsured due geographic, language, financial or other barriers. )

## 8) Goals and Outcomes

If Mayo Clinic provided financial or in-kind support for this activity in the past, what progress has been made towards stated goals or outcomes? Please provide a detailed outcome report along with your submission requesting current funding.

What are the goals and expected outcomes of the current activities?

How is your program best suited to fulfill the goals as stated in this request?

Please complete the table below.

1. Identify at least three goals.
2. Describe how you will measure success and the expected outcomes of the proposed activities.
3. Please include what data sources you will use. Additional lines can be added, if needed.

	<b>Goal/Outcome</b>	<b>Metric/Measures of Success</b>	<b>Data Sources</b>
Example	Participants will gain readiness for Kindergarten	Number of program participants Kindergarten ready	Program participants
1.			
2.			
3.			

## 9) Mission Alignment

How do the activities described above meet your organization's mission and vision?

How do the activities described above align with Mayo Clinic's mission?

*Mayo Mission: To inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research. Mayo Vision: Mayo Clinic will provide an unparalleled experience as the most trusted partner for health care.*

## 10) Budget

What is the overall budget for the planned activities related to this request?  
(A separate document may be attached if that's easiest.)

What are the other sources of funding for the activities?

How will funding be sustained going forward?

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