



## Mayo Clinic Community Grant Program Florida campus 2019 Cycle

Dear Nonprofit Community Partner:

Thank you for your interest in the Mayo Clinic Community Grant Program. We are delighted to welcome your request to seek support for programming to enhance the viability of our community. It is our pleasure to serve our community as a destination medical center for patients who come to us with the most complex medical problems. We value our role in the community. Our goal is to contribute to community wellness through grants and sponsorships that support health resources, particularly for our most vulnerable populations.

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

- align with our mission to advance patient care, medical research, and education
- help promote a community that is welcoming, vibrant, and healthy
- support a community that attracts and sustains a diverse Mayo Clinic workforce

We consider requests from registered 501(c)(3) organizations offices in NE Florida that support the above goals. These programs may be new or ongoing but must align with one of the following categories;

- health or human services
- education and workforce development
- diversity and inclusion
- the arts and cultural enrichment

Only one funding request will be approved each year for any organization.

### Eligibility

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

- ┌ Northeast Florida 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 Health Priority needs on this page.
- ┌ Services/support offered must be available to residents of Duval or St. Johns counties.
- ┌ End-of-year reporting is required. Funded organizations must submit a report, describing progress toward project goals and outcomes achieved, within 45 days of the end of the full grant period.

This year, as a result of the 2016 Community Health Needs Assessment, we are particularly focused on grant and sponsorship opportunities that target one of the following community health needs:

- 1 Health disparities: Programs that aim to reduce the prevalence and burden of chronic disease and other indicators of poor health, particularly in populations or communities where the prevalence of health problems is disproportionately high. Focus includes disease prevention, health promotion, and education for individuals affected directly or indirectly by a chronic disease.
- 2 Mental health: Programs that support local initiatives that invest resources and work collaboratively with other agencies to promote mental health.
- 3 Obesity, nutrition and lifestyle: Programs whose aim is to reduce the prevalence of obesity or the burden of obesity-related disease.

Agencies requesting funding must meet requirements outlined in the eligibility box on page one. Note that there are two separate processes, one for requests greater than \$5,000 and the other for requests of \$5,000 and less. There is a packet for each process.

We look forward to working with you to meet the unmet health needs of Duval and St. Johns counties. Thank you for your commitment to your community!

Ivan Porter, MD  
Chair, Community Giving Committee

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

## 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 benefitting 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 twice annually, according to the following timeline

Funding Cycle	Request Due	Committee Decision <sup>1</sup>	Outcomes Status Report Due <sup>2</sup>
First Cycle	14-Jan	29-Mar	13-Dec
Second Cycle	14-Jun	30-Aug	15-May-2020

Notes:

<sup>1</sup>Funds are disbursed within 60 days of receipt of invoice

<sup>2</sup>Funding request in follow-on years will not be considered until a final project completion report is submitted and accepted on all previously funded initiatives

### Reporting requirements

Effective Jan. 1, 2018, organizations approved for \$5,000 or more in Mayo Clinic Community Giving funding must provide periodic project status reports prior to being considered for funding in 2019 or beyond. Organizations approved for more than \$5,000 in 2017 also are required to

provide these reports.

### Application Procedures

Please submit your grant request using the attached Application Form. If any required documents or attachments are missing, your application will not be considered. A document checklist is provided.

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 outcomes and defined progress

We will contact you within two weeks to acknowledge receiving your request. A committee member will be assigned to your request and may contact you with specific questions or to request additional information.

We may also ask for you to visit with our Community Engagement and Giving Committee to present and discuss your request. 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](#)

## **Submission**

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Questions regarding the packet and completed packets must be submitted electronically no later than the dates provided above to [FLACommunityRelations@mayo.edu](mailto:FLACommunityRelations@mayo.edu).

Late submissions will not be accepted, nor will submissions via other forms or to alternate email addresses.

# APPLICATION FORM

## *Community Contribution Request*

### *\$5,000 or More*

This form must be completed to have your submission reviewed by our Community Giving Committee; Incomplete applications will not be considered. Please contact Mayo Clinic Community Relations by email at [FLACommunityRelations@mayo.edu](mailto:FLACommunityRelations@mayo.edu) with any questions. Please limit the completed form to no more than 13 pages.

#### 1) Required Documents

Complete the application and use the documents checklist below to ensure all required documents are included with your application. 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. 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 or board chair summarizing the request on organization letterhead
- Report on the most recent outcomes of programs or 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

- a) Name of organization:
- b) Date of request:
- c) Title of request:
- d) Amount or in-kind requested and date of need:
- e) Primary contact for this request (name, phone and e-mail):
- f) Provide a list of all support (cash or in-kind) that has been provided by Mayo Clinic (the Community Giving Committee) to your organization for any purpose or program over the past five years:
- g) Will this require ongoing Mayo Clinic support or support from another organization outside of this request?
- h) Name and list amount requested or secured from other organizations that have been approached to support this request.

4) Program ActivityDetails

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

b) 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 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

a) How many participants/clients will be served?

b) How will participants be identified and selected?

c) What efforts will be made to reach 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

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

b) 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 considering the following;

1. Identify at least three goals.
2. Describe how you will measure success and the expected outcomes of the proposed activities.
3. Please include the data sources used. 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

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

b) 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

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

b) What are the other sources of funding for the activities?

c) How will funding be sustained going forward?

### Submit the Application

Submit the application and all necessary forms electronically no later than the dates provided above to [FLACommunityRelations@mayo.edu](mailto:FLACommunityRelations@mayo.edu). If you have questions about the submission, send an email [FLACommunityRelations@mayo.edu](mailto:FLACommunityRelations@mayo.edu).

Late submissions will not be accepted nor will submissions via other forms or to alternate email addresses.