



Community Contribution Request

\$5,000 and Under

Public Affairs

Within the scope of its community support, Mayo Clinic considers contribution requests for local youth enrichment, festivals, and health and wellness activities in neighboring communities. This form is not intended for requests to Mayo Clinic Health System sites. Funds awarded should be used in the calendar year received. This is a one-time annual request. If you will be submitting a request greater than \$5,000 for operating or other expenses for this year, use the Mayo Clinic Community Contributions Program in Rochester form:

[Internal link](#)

[External link](#)

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. Please include your organization's most recent signed and dated W-9 form along with your application. This form has limited space for project and program descriptions. If you require more space, attach a separate document with the descriptions and forward it with this form.

Specific Funding Areas

| | | |
|--|---|---|
| <input type="checkbox"/> Youth enrichment | <input type="checkbox"/> Rochester area community festivals | <input type="checkbox"/> Community events |
| <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?

What efforts will be made to reach out to underserved or underrepresented populations (eg, Black, Latino, Native American, Asian, LGBTQI, veterans, disabled, economically disadvantaged)?

Other Relevant Information

For Public Affairs Office Use Only

| Date (Month DD, YYYY) | Sponsorship Amount | Company | PAU | Approved By |
|-----------------------|--------------------|---------|-----|-------------|
| | | | | |