



## 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 with the office 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 additional 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*

### *Less Than \$5,000*

Funds awarded should be used in the calendar year received. As a reminder, No other grant/sponsorship requests will be accepted from the same organization in the same year of a previous approval.

**Instructions:** Complete all fields and save the file. Open a new email message, attach the file and send to [FLACommunityRelations@Mayo.edu](mailto:FLACommunityRelations@Mayo.edu). Adobe Reader 11 or Acrobat is required to save the form. 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 as a second attachment to the request.

#### Specific Funding Areas

Health or wellness activities                       Other: \_\_\_\_\_

#### Organization Information

Requestor		Date Today (Month DD, YYYY)
Street Address		
City	State	ZIP Code
Email	Phone	
Organization or Group Requesting Donation		501c3 (non-profit) Yes                      No
Your group is not a 501c3, but you have a fiscal agent (list) _____ Your group has no fiscal agent		
Previous requests and years funded (list) _____ 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)

What efforts will be made to reach out to underserved or underrepresented populations?  
(African American, Native American, Latino, Asian/other Pacific Islander, veteran, disability, LGBTQi)

How will you recognize Mayo Clinic for this contribution?

Other Relevant Information