



COVID-19 Child Care and Distance

Learning Efforts

Public Affairs

Please use this application for projects that will sustain and/or expand child care and distance learning efforts in Rochester, Minnesota, during the COVID-19 pandemic.

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

Child care capacity Distance learning support

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.
Please describe how the funding will sustain and/or expand child care and distance learning resources for area youth and families.		

Describe ways that this effort is collaborating with other community groups, organizations.

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

Please attach a copy of the project's budget here and provide any other relevant information.

Please include any additional information.

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