

Mary Clark Thompson **Community Health Grants**

In keeping with the spirit of community-building philanthropy, typified by the good works of Mary Clark Thompson, the F.F. Thompson Foundation has decided to directly invest in the health of our community by supporting organizations that care for us all. The Foundation announces a new grants program, to be called Mary Clark Thompson Community Health Grants, which will support partnerships of two or more community organizations.

Purpose

The F.F. Thompson Foundation wishes to encourage local organizations to combine their resources and work together to improve community health. The Foundation will allocate resources to partnerships designed to improve community health through a specific project within F.F. Thompson's service area.

The F.F. Thompson Foundation will make a total of \$20,000 available from the income of its endowment fund. This amount is subject to change in subsequent years at the discretion of the Foundation Board. The Foundation's intention is to fund a series of partnerships and projects through grants ranging from \$500 to \$2,500.

Partnerships

Partnerships may or may not include F.F. Thompson, but grants may not be given to partnerships which include for-profit entities.

Partnerships should demonstrate active participation by all the parties, but one entity may serve as the lead agency. Participating partners should secure a Board Resolution or Letter of Intent outlining their role within the proposed project.

Funded Projects

To be successfully funded, projects should show a real partnership, measurable outcomes and financial viability. Partnerships must commit to providing a final report to the Foundation, as well as an interim progress report if requested.

Grants may be awarded to either start-up or on-going programs, and may be used to purchase equipment, although funds may not be used for construction or personnel costs. Projects that demonstrate commitment of existing or matching funds will receive more favorable consideration.

Projects and reports from participating partnerships will be evaluated by a small committee of F.F. Thompson Foundation Board members and F.F. Thompson staff.

How To Apply

In addition to the information required on the Application form, the F.F. Thompson Foundation requests the following:

1. The Application must be accompanied by a COVER LETTER that briefly describes the proposed project, the time frame and the amount of funding being sought from the individual funder. This letter must be signed by the CHIEF EXECUTIVE OFFICER and/or the CHAIR of the BOARD of each participating organization.
2. A copy of the LETTER FROM THE INTERNAL REVENUE SERVICE advising that all organizations in your partnership are exempt from taxes under Section 501 (c) (3) of the IRS Code, and that neither organization is a private foundation as defined in Section 509(a).
3. A list of members of the BOARDS OF DIRECTORS of all participating partners.
4. A list of the project's PRINCIPAL ADMINISTRATIVE STAFF, including their titles or main functions.
5. A one-page, YEAR-END FINANCIAL STATEMENT showing actual income and expenses for the past two complete years.
6. AUDITED FINANCIAL STATEMENTS for the past two years, if available.
7. A detailed BUDGET of the PROJECT for which the funds are being sought.

Date: _____

**Mary Clark Thompson
Community Health Grant
Application**

Organization Information

Name and Address of Applicant Organization:

Year Organization Was Incorporated: _____

Chief Executive's Name and Title:

Is the name at left the same as it appears on the
IRS Letter of Determination: ___Yes ___No
If not, explain:

Telephone Number:

Organization Budget Total for Current Fiscal
Year: \$ _____

Fiscal Year: _____ to _____

Geographic Area Served By Applicant
Organization:

Sources of Organization Income:
Government: Federal ___% State ___%
County ___% City ___%

Memberships/Individual Contributions: ___%
United Way ___% Fundraising ___%
Corporate and/or Foundation Grants ___%
Fees ___% Other ___%

Proposed Project Information

Project Name: _____

Total Project Cost: \$ _____

Type: ___ Capital/Equipment
___ Program
___ General Support of Operations

Amount Requested from this Funder:
\$ _____

Geographic Area to be Served:

List other potential and actual sources of support
for this project (those committed and note any
matching fund requirements):

Population and Number to be Served:

Amount Funder

Grant Period: From _____ To _____

Problem Statement, Project Goals and Objectives, Methodology, Impact and Future Funding:

Statement describing community need with documentation (note any similar projects currently operating in the community and how this one is different); what will be accomplished, how and by when (note the role of all participating agencies); use of volunteers, if any; what are anticipated outcomes of project and impact on participants and how will they be determined and measured; how will the project be funded in the future if it is to continue beyond the current funding period.

Background of Applicant Organizations:

Mission statements and purpose, history of accomplishments, governance, area and population served, qualifications for embarking on proposed project.