**Mercy Health Foundation**

**3265 National Avenue**

**Suite 200**

**Springfield, MO 65807**

**417-820-6111**

**Grant Application**

**I. Organization Information**

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Name of organization

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Address City, State, Zip

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Phone, Fax, Website

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Name and title of contact person

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Phone, Email

Is your organization an IRS 501(c)(3) nonprofit? Yes\_\_\_ No \_\_\_

If so, is your organization a public agency/unit of government? Yes\_\_\_ No\_\_\_\_

**II. Proposal Information**

**A. Program Description**

Briefly describe the program.

**B. Mission/Vision**

How does this program align with the Mercy mission, vision and strategic initiatives?

**C. Program Objectives**

Please describe project goals and objectives. How are/will they measured?

**D. People Served**

Please provide a description of the unmet need. How will this project address this need?

What is the target population and how will the population benefit from this program?

**E. Program Sustainability**

How will the program/service be sustained beyond Foundation funding?

What other grants are you applying for? What other funds are secured for this project?

**F. Program History**

Is this a new program? ‥Yes ‥No

Has Mercy Health Foundation awarded a grant for the program in the past? If so

please indicate the history of funds received:

Year awarded:

**G. Funding**

Please list the total amount requested from Mercy Health Foundation:

Please list other organizations that have awarded grants for this program/service:

Year organization amount awarded:

Please submit application and include the following required documents:

* Current letter indicating 501(c)(3) status.
* Project budget summary including all other funding or future support.
* List of the organization’s board members and trustees.
* Organization’s mission statement.
* Any project brochures or marketing materials **(optional)**.

**Electronic or hard copies must be received by 5 p.m., Friday, August 1, 2014 to receive consideration.**

Completed proposals should be emailed in one PDF file to [**Andrea Makoski**](mailto:andrea.makoski@mercy.net) If you cannot submit the application electronically, print your completed application and supporting documents and mail or hand deliver to:

**Ms. Andrea Makoski  
Annual Giving Manager  
Mercy Health Foundation  
3265 S. National Avenue  
Suite 200  
Springfield, MO 65807**