

GENESEE VALLEY MEDICAL FOUNDATION

MINI-GRANT PROGRAM REQUEST FOR APPLICATIONS

PURPOSE: To provide 2-3 small grants annually in the \$1000 to \$5000 range to support the development or strengthening of a health care related project. In general, funds could be used to support Greater Rochester based community entities to:

- Initiate new research or program partnerships with community partner(s)
- Help sustain an ongoing community effort.

The GVMF Mini-Grants will be one-time awards, limited to one community project per year per partnership. However, exceptions may be considered under unusual circumstances. Funds should be used within 12 months of being awarded. Awardees agree to allow project to be posted on GVMF section of the Monroe County Medical Society website.

EXAMPLES OF WORK THAT FUNDS COULD SUPPORT

- Develop a research or intervention program
- Develop plans to obtain additional resources from other funding agencies
- Help sustain on ongoing effort
- Disseminate best practices and information about successful projects

GUIDING PRINCIPLES FOR GVMF FUNDING:

GVMF is a non-profit philanthropic organization incorporated under the laws of New York State devoted to health, research and education. The GVMF mission is to promote the advancement of health care related activities in the greater Rochester area. The GVMF fosters learning and academic excellence by supporting educational and research programs which benefit the community.

ELIGIBLE APPLICANTS: The community applicant must be associated with an entity or program serving the Rochester/Finger Lakes region.

APPLICATION INSTRUCTIONS

Applicants must complete and submit the attached application form.

Page Limit: A total of three pages, not including letters of support and budget sheet.

Applications should indicate a specific time frame in which the funds should be used even if the project is ongoing.

Applications are due February 29, 2012.

Estimated time for review of submitted applications is six to eight weeks.

Funding announcements will ordinarily be made within 8 weeks of application due date.

All applications should be submitted by email to Nancy J. Adams (nadams@mcms.org).

All sections of the application need to be completed thoroughly. Incomplete applications will result in a delay in our review of your application.

If you have any questions regarding the GVMF Mini Grant application or program, please contact Nancy J. Adams at 585-473-7573 or nadams@mcms.org.

GENESEE VALLEY MEDICAL FOUNDATION
MINI-GRANT
APPLICATION FORM

Name of Applicant:
Title/Position:
Program or Agency Name:
Name of Project:
Amount Requested:
Project Dates:
Is Your Agency a 501c3 <input type="checkbox"/> yes <input type="checkbox"/> no
Dates Funds will be Used:
Name of Program Chair of Agency CEO:
List all applicant contact information (email and phone number):

Limit answers to questions below to 3 pages (not including separate budget sheet)

1. **Program or Agency Description:** Define agency mission and goals. Describe qualifications of project director, participants and any collaborating agencies.
2. **Project Objectives/Long-range Goals:** Include any accomplishments which relate to project objectives.
3. **Grant Activities Description:** List the specific activities to be covered by this grant and the rationale for how it will contribute to the advancement of health care. Include a project timeline with beginning and end dates.
4. **Outcomes:** Define the anticipated outcomes of project activities and how success will be measured. Include evaluation process and how results will be shared.
5. **Budget:** Provide a brief budget narrative and itemized budget. Include consequences of not funding this project and any potential additional and/or alternate funding source(s). The budget itself can be a separate page.