

Mayo Clinic Health System is proud of our support of local not-for-profit organizations that impact programs, initiatives, and events that make a positive, lasting impact on community health and wellness. We are pleased to consider requests benefiting communities (and nearby areas) where Mayo Clinic Health System – Southwest Minnesota provides services. All organizations requesting a grant must complete a Hometown Health Grant application.

All requests must align with Mayo Clinic's mission and values, and meet the criteria of enhancing health and wellness. Priority will be given to requests seeking to address these priority health needs:

- Mental health and mental well-being
- Substance abuse
- Chronic disease, including obesity

In addition, there are a number of grants that are **not** permitted under our policy, including:

- Any organization that does not provide equal access or who discriminates on the basis of age, gender, race, religious affiliation, sexual preference, or disability
- Endowment funds
- Religious organizations requesting contributions for the sole benefit of their group or congregation, or for purposes of soliciting new members
- For-profit organizations
- Individuals

All requests will be reviewed within 90 days of receiving them.

Grant requests are received on an on-going basis. If you have any questions, contact Community Relations at 507-594-7416 or [swmnce@mayo.edu](mailto:swmnce@mayo.edu).

Thank you for your interest.



**Instructions:** Complete this form and return it via mail or email to:

Mayo Clinic Health System  
Jamie Sammon  
1025 Marsh Street  
Mankato, MN 56001-4752  
[swmnce@mayo.edu](mailto:swmnce@mayo.edu)

Location: <input type="checkbox"/> Mankato <input type="checkbox"/> Fairmont <input type="checkbox"/> New Prague <input type="checkbox"/> St. James <input type="checkbox"/> Waseca		
Program/Event Location		
Program/Event Name		Event Date <i>(mm-dd-yyyy)</i>
Organization Requesting Donation		
Contact Person <i>(First, Middle, Last)</i>		Email
Address <i>(Street, City, State, ZIP Code)</i>		
Phone (daytime)	Mobile	Amount Requested \$
<input type="checkbox"/> Program grant <input type="checkbox"/> Event or sponsorship request <input type="checkbox"/> Other (supplies, in-kind) If this is a new request, submit your organization's W-9 form with this application.		Total Event/Program Cost \$
Provide a brief description about how the grant will be used to benefit the community:		
How many people will participate/be served by this program or event?		
Provide a brief description about how monies/sponsorship requested fit into one or more of the identified priority areas: <input type="checkbox"/> Mental health <input type="checkbox"/> Substance abuse <input type="checkbox"/> Chronic disease/obesity <input type="checkbox"/> Other		
List other funding sources for this program/event:		
How will you recognize Mayo Clinic Health System for this contribution?		
Would you be willing to share a story or photos from the event with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need volunteers for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		