

Instructions: Complete this form by typing in fillable fields and saving PDF to your desktop. When complete, resave and submit the PDF along with your W9 to EUCOMMUNITYGIVING@mayo.edu.

Date <i>(mm-dd-yyyy)</i>	Organization	501(c)(3) (non-profit) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <i>(Street, City, State, ZIP Code)</i>		
Contact Name <i>(First, Last)</i>	Phone	
Email		
Taxpayer Identification Number (attach copy)	If not a 501(c)(3), provide your fiscal agent number (attach the fiscal agent's W9).	

Program/Project Request

Program/Project Name	
Status <input type="checkbox"/> New <input type="checkbox"/> Existing and ongoing <input type="checkbox"/> Enhancement of existing or ongoing project	Amount Requested
Briefly describe purpose of program/project.	
How does your request address an important community health need?	
How does your request incorporate research and/or best practices to support your program/project?	
What is the geographic area (county) served by your program? <input type="checkbox"/> Barron <input type="checkbox"/> Buffalo <input type="checkbox"/> Chippewa <input type="checkbox"/> Dunn <input type="checkbox"/> Eau Claire <input type="checkbox"/> Pierce <input type="checkbox"/> St. Croix <input type="checkbox"/> Trempealeau	
Describe the population who will benefit from your request.	

Hometown Health Grant Application (continued)

Strategy, Outcomes, and Evaluation Plans

Address short-term, intermediate, and/or long-term outcomes and the strategies you will use (500 word limit).

Outline your evaluation plan.

Hometown Health Grant Application (continued)

Requested Grant Amount

Total Project Cost	Other Source(s) of Funding Secured (eg, other grants, partner contributions)
How do you intend to spend the total budget?	
Will you accept less than the full grant request amount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how would this impact your program project?	
If funding is awarded, how will this initiative be sustained in the future?	
Describe how Mayo Clinic Health System will be recognized as part of your program/project implementation.	

Partner Organizations

List any partner organizations involved in this initiative, and provide a brief description of their contributions and support.

Organization 1	Description
Organization 2	Description
Organization 3	Description
Organization 4	Description

Return by email	Submit completed form, W9, and other attachments to EUCOMMUNITYGIVING@mayo.edu
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