



Innovations for Healthy Living™

2010 Proposal Guidelines

Our grant awards range from \$100 - \$10,000 for charitable projects, programs and initiatives that promote the health in Central Massachusetts through education, innovation, support of quality improvement and access to services. Our average grant size is between \$1,000 - \$5,000 and it is rare that we award a grant larger than this.

Non-profit, tax-exempt 501(c)3 organizations based in Central Massachusetts (see map of Fallon Clinic's primary service area) may apply. Organizations without tax-exempt status may apply through an established non-profit, tax-exempt organization that agrees to provide fiscal oversight. No grants will be made directly to individuals, public or for-profit businesses.

Capital campaign requests, *event sponsorships, field trips, pageants, sports team requests and requests that support a single individual are not accepted. We do not typically fund salaries. Health and wellness initiatives such as programs that address the obesity crisis are favored.

Please send proposals or direct inquiries to:

Kelsa Zereski

Director, Fundraising & Development

Fallon Clinic, Inc.

100 Front Street, 14th Fl

Worcester, MA 01608

(508)368-5498

www.fallonclinicfoundation.org

*If your organization is looking for an event sponsorship, please do not apply through our Foundation. Instead, go to: www.fallonclinic.org , under the "Our Community" section to learn about how to submit an event sponsorship request to Fallon Clinic.

Fallon Clinic Foundation Community Grants Initiative
PROPOSAL INSTRUCTIONS

Deadlines – proposals from non-profit organizations requesting funding from Fallon Clinic Foundation must be received by 4:30 pm on the following dates, for consideration during our next grant review period:

September 15, 2010

February 1, 2011

Proposals that conform to all guidelines are typically considered within six (6) weeks after deadline dates.

1. Please prepare a one-page cover letter that includes the complete name of your organization, a brief summary of your request and the amount you are requesting. This letter should be signed by the executive director or president of your organization.
2. Please include contact information, including a phone number, for the individual who should be notified of our committee's decision, especially if different from the individual who signs your letter of request.
3. Your written proposal should be no fewer than one (1) and no more than four (4) typed pages and should include the following information, or answer the following questions:
 - a. State the name of the project or initiative. What needs or challenges does this effort address in our community or region?
 - b. How does your program or initiative relate to Fallon Clinic Foundation's mission and focus? (our Mission and Focus can be found on our website)
 - c. How many individuals or families do you hope to reach through your efforts?
 - d. Offer some brief information about your typical constituents, the geographic communities you are supporting, and any collaborative partners involved with this proposal.
 - e. If you have volunteers assisting you with this program or initiative, please include an estimate on the number of volunteer hours being donated.
 - f. What are the projected goals or outcomes of this effort?
 - g. Define your criteria for success for this project, program or initiative.
 - h. How will you measure your success in the short-term and in the long-term?
 - i. Explain how this program or initiative might sustain itself in future years if it receives funding.

4. Include a one (1) page budget for your project, program or initiative, a list of your current Board of Directors, a copy of your official 501(c)(3) letter, a copy of your most recent audited financial statement and a copy of your most recent annual report.
5. List any previous support your organization has received from Fallon Clinic or Fallon Clinic Foundation in the last three years. Please list amounts and dates received.
6. Send two copies of your completed cover letter and proposal, with one copy of the other accompanying items requested to:

Fallon Clinic Foundation
100 Front Street, 14th Fl
Worcester, MA 01608

7. Materials submitted after the deadline will be considered in the next application cycle. In some cases, late submissions will be automatically rejected.
8. Notice of the Charitable Grants Committee's decision is typically made in writing within six (6) weeks of our stated proposal deadlines.
9. A brief project summary within six months of the grant award letter date is requested.

Please note: Applications that do not conform to the requirements listed above may be returned to the sender.

Map

Please see the map below of Worcester County displaying Fallon Clinic's core service area. Our Clinics are located in the towns shaded in purple. Funding priority will be given to non-profit organizations located in these areas.



Thank you for your interest.