



## **Grant Policies and Procedures**

### **WHY DOES THE JESS PARRISH MEDICAL FOUNDATION PROVIDE GRANTS?**

The Jess Parrish Medical Foundation is dedicated to supporting and enhancing healthcare outreach, patient care, rehabilitation, and wellness services that contribute to a better quality of life for citizens in North Brevard County.

### **WHO MAY APPLY?**

Any non-profit organization whose purpose and mission and/or proposed project is consistent with, compatible and supportive of Parrish Medical Center's mission and vision.

### **CRITERIA -- Programs funded must:**

- Be in keeping with the vision and mission of Parrish Medical Center and Jess Parrish Medical Foundation
- Serve an identified, unmet health need in the North Brevard community
- Avoid duplication of services by involving collaborative efforts with other community providers/organizations
- Have a justifiable cost with defined measurable outcomes (where applicable)
- Include preventative and educational component, if possible
- Be prioritized for "new" health programs or "above and beyond" efforts of existing programs. Funding to other charitable organizations would be limited to funding for specific programs.

### **HOW MUCH IS AWARDED?**

The JPMF small grants program amounts may vary from year to year, but average award is \$2,000.

### **APPLICATION FORM AND PROPOSAL GUIDELINES**

Application forms and proposal guidelines are available at the JPMF office located at 213 Broad Street, Titusville, FL, 32796 or by calling 321-269-4066. Applicants must submit a completed proposal by the deadline with the required application form cover page. Seven copies of the application packet (cover page, proposal, and any other required or supporting material) must also be submitted in order for the application to be considered. No late applications will be accepted. If appropriate, funding requests may be held and reviewed during the next scheduled grant period. (Example: If a request is submitted late for the 2<sup>nd</sup> quarter, the request may be held for review for the 3<sup>rd</sup> quarter grant period.)

### **MAIL APPLICATION PACKETS AND SEVEN COPIES TO:**

Jess Parrish Medical Foundation  
Grants Committee  
P.O. Box 2969  
Titusville, FL 32781-2969

**COMPLETED PROPOSALS MUST INCLUDE: (Applications with missing information or that do not meet the criteria will be disqualified from consideration)**

- Specific project objectives (may be helpful to include mission, vision, business plan, population served, etc.)
- Project budget with projected revenue and expenses
- Health-related benefit to the community
- Evaluation procedure / outcome measurements
- Amount requested
- List of additional funds to support and continue project
- 501 (c) (3) determination letter (if applicable)
- List of ways JPMF will be recognized (e.g., press release, program listing, etc)

**CONDITIONS OF AWARD FOR PROJECT GRANTS:**

- Grants must be used solely for the purpose determined in the application, approved by the JPMF Board of Directors, and as described in the letter of award.
- The permission of JPMF must be sought in advance where significant changes are necessary to help the funded project.
- JPMF reserves the right to terminate an award if the grant holder is unable to pursue the project funded by the grant.
- For grants awarded with a contingency, JPMF requires reapplication if the grant cannot be awarded within three months of the award date. Applicants can reapply once within a 12-month period.

**APPLICATION DEADLINES AND REVIEW PROCESS**

Applications are accepted quarterly. Please contact the JPMF office for the application deadlines by calling 321-269-4066. **Requests for funding must be received at the JPMF office by 4:30 p.m. on the submittal deadline.**

Requests for funding are reviewed by a grants committee comprised of JPMF board representatives and other non-voting PMC and community leaders. Its charge is to make recommendations on awards based on intrinsic value of each proposed project, on the priorities established in the Foundation's mission statement, and on the funds available to the committee. The Foundation does not wish to exclude any particular kind of request, but the grant review committee does reserve the right to set its own funding priorities in any given year and to set funding contingent on meeting other specifications. The grants committee makes recommendations on behalf of the Foundation Board of Director. The recommendations are submitted to the Executive Committee of the Board of Directors for approval.

**AWARD PROCEDURE**

Letters of award or denial will be sent to each individual or organization making the request generally within 45 days of the grant submittal. A Grant Acceptance Agreement Form will be sent to all organizations/individuals who received approval for grant funding. The form must be returned to the Foundation office before funds will be released. By accepting an award, the grant recipient agrees to submit a news release describing the grant to Florida Today, Brevard Business News (BBN), etc. within 15 days of receipt of the grant funding and return a Grant Use Report Form to the Foundation office on a timely basis after grant funds have been spent. All forms will be distributed with award letters.



**GRANT APPLICATION COVER PAGE**

This form must be completed and stapled to the top of every proposal and each copy.  
Applications without this cover page will not be considered for funding.

**Name of Organization:** \_\_\_\_\_

**Contact Person**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Best Time to Reach:** \_\_\_\_\_  
(Live person, not a messaging system)

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different)

**Amount Requested:** \$ \_\_\_\_\_      **Grant Request Date:** \_\_\_\_\_

We certify, by signing below, that we agree to abide by the terms of the Grant Acceptance Agreement, if we receive the grant.

\_\_\_\_\_  
**Signature of Authorized Individual Representing Organization**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name Printed (if different than Contact Person)**

\_\_\_\_\_  
**Title (if different than Contact Person)**

**FOUNDATION USE ONLY BELOW THIS POINT**

Grant Committee Review Date: \_\_\_\_\_  
Executive Committee Review Date: \_\_\_\_\_

Circle: Approved / Approved with Contingencies / Denied  
Circle: Approved / Approved with Contingencies / Denied

Contingencies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **REQUEST FOR FUNDING**

This form is a guideline to help you present your request for funding.  
This form may be completed or you may use this as a guideline in writing a proposal.

What are you requesting the funds for? (What are the specific project objectives? State what segment of the community will receive the greatest benefits. Be as specific as possible. Attach any budget, mission or vision statements, business plans, etc. that help demonstrate how this program will benefit the community.)

List the health care benefits of this project to North Brevard County community (where possible please include any health indicators).

How will you evaluate your procedures and outcomes?

List any other funds needed to accomplish your mission and the organizations that will be contacted to help you accomplish your goals.

What funding needs do you foresee with this project in the next year?

List of ways JPMF will be recognized (e.g., program listing, announcement or signage at event, etc.)



**SAMPLE  
GRANT ACCEPTANCE AGREEMENT**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grant # \_\_\_\_\_

The undersigned acknowledges the receipt of a grant of \$ \_\_\_\_\_ from the Jess Parrish Medical Foundation, and agrees to the following:

The undersigned certifies and agrees that:

1. The Grant will be used as described in our Grant Request dated \_\_\_\_/\_\_\_\_/\_\_\_\_
2. A news release describing the Grant will be sent to Florida Today and Brevard Business News, with a copy sent to Jess Parrish Medical Foundation, within 15 days of receipt of the grant money. (See attached How to Write and Submit an Effective News Release.)
3. We will return the Grant Use Form received to the Jess Parrish Medical Foundation, along with the required documentation on a timely basis. Note: The check and Grant Use Form will be sent upon receipt of this agreement.
4. We are an organization exempt from Federal Income Taxes under Section 501(c)(3) of the Internal Revenue Code and have not received any notice of a change in that status.

Items 1 – 3 above MUST be completed for your organization to be considered for any subsequent Jess Parrish Medical Foundation grants.

By \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Date \_\_\_\_\_

## HOW TO WRITE AND SUBMIT AN EFFECTIVE NEWS RELEASE

- A well written, concise news release is the most accepted method of submitting news.
- An effective news release will answer six critical questions: Who? What? When? Where? Why? and How? This information will allow the editor to determine if the story fits the newspaper's criteria for news.
- Press releases are best sent by mail or fax and marked to the attention of the editor.
- A unique feature in the FLORIDA TODAY newsroom is the Readers Desk staffed by Luann Manderville. If you are in doubt as to which editor should receive your release you may call Luann on the Reader Hotline, 9am-5pm, Monday through Friday, 321-242-3613 or 1-800-633-8449 (toll Free). You can also e-mail: [eventsalendar@floridatoday.com](mailto:eventsalendar@floridatoday.com). Luann also keeps track of where news releases were routed and when they ran.
- Brevard Business News (BBN) accepts news by fax 321-951-4444 or e-mail – [bbn@iu.net](mailto:bbn@iu.net).

### SAMPLE NEWS RELEASE

To: Appropriate newspaper or editor

From: You &/or Your Organization

One or two sentences summarizing the story of your grant

Date: Specific date grant was received

The Story: The reason for your grant and how it will benefit your organization. (Use some of the text from your grant application).

Contact: Name and phone number of someone from your organization the news editor or reporter can contact for more information or quotes. Be sure to include daytime and evening phone numbers.

You may attach additional background information.

Put -30- or ### at the end of your release so the editor will know its end point.

-30-

or

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