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 and Jess Parrish Medical Foundation’s vision and mission.

Parrish Medical Center
Vision: Healing Families—Healing Communities®
Mission: Healing experiences for everyone all the time®

Jess Parrish Medical Foundation
Vision: Healing Families—Healing Communities through Philanthropy and Volunteerism
Mission: The mission of JPMF is to inspire philanthropy and volunteerism in support of Parrish Medical Center’s mission of healing experiences for everyone all the time.

CRITERIA -- Programs funded must:
- Be in keeping with the vision and mission of Parrish Medical Center and Jess Parrish Medical Foundation
- Serve an identified/proven, 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.
- Include preventative and educational component, if possible
- Continued funding of program must show positive outcomes.
- **Salaries and benefits are typically not funded.**
- Funding may be prioritized based on significant community impact.

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 921 N. Washington Ave., Titusville, FL, 32796 (at Parrish Health Village West) or by calling 321-269-4066. Applicants must:

- Submit a completed proposal by the deadline with the required application form cover page.
- Provide ten 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.
- Application must be typed and submitted on plain paper, stapled, with no special binding. (MS Word version is available upon request)
- Late applications will not 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 2nd quarter, the request may be held for review for the 3rd quarter grant period.)

MAIL APPLICATION PACKETS AND TEN 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 apply once within a 12-month period.

Revised 10/2015
APPLICATION DEADLINES AND REVIEW PROCESS

The grant schedule is as follows: These dates change annually. Call Foundation to confirm dates.

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Submittal Deadline</th>
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<tbody>
<tr>
<td>1</td>
<td>December 14, 2016</td>
</tr>
<tr>
<td>2</td>
<td>February 6, 2017</td>
</tr>
<tr>
<td>3</td>
<td>May 8, 2017</td>
</tr>
<tr>
<td>4</td>
<td>August 7, 2017</td>
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</tbody>
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Requests for funding must be received at the JPMF office by 4:00 p.m. on the submittal deadline.

Requests for funding are reviewed by a grants committee comprised of JPMF board representatives. 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 Directors. The recommendations are submitted to the Executive Committee of the Board of Directors for approval.

AWARD PROCEDURE/REQUIREMENTS

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. In order for future funding to be considered, the Grant Use Report Form must be returned with required documentation.
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 | ______________________________________ |
| Title: | ______________________________________ |
| Phone Number: | ______________________________________ |
| Best Time to Reach: | ______________________________________ (Live person, not a messaging system) |
| e-mail: | ______________________________________ |
| 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)

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FOUNDATION USE ONLY BELOW THIS POINT

Grant Committee Review Date: ____________  Circle: Approved / Approved with Contingencies / Denied
Executive Committee Review Date: ____________  Circle: Approved / Approved with Contingencies / Denied

Contingencies: ______________________________________

______________________________

______________________________

Revised 10/2015
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 budget and any 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.)

Revised 10/2015
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 (if applicable).

NOTE: Failure to complete Items 1 – 3 above, will disqualify applicant from future funding.

By
Requestor’s Signature
Title

President/CEO Signature
Name

Organization Name
Date

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HOW TO WRITE AND SUBMIT AN EFFECTIVE NEWS RELEASE

- In general, a good press release is a concise, complete description of an upcoming news event, a timely report of an event that has just occurred or other news.
- Keep releases short.
- Write clearly, addressing who, what, where, why and when in the first two paragraphs.
- Identify the organization or individual submitting the release and provide contact information.
- Submit Press Releases to:
  
  o **FLORIDA TODAY**: Sara Paulson, Giving Back Reporter: 321-242-3783 or spaulson@floridatoday.com; community events: tgif@floridatoday.com and style@floridatoday.com; breaking news: 321-242-3623 or news@floridatoday.com.
  
  o **Brevard Business News (BBN)**: Adrienne Roth 321-951-7777, fax 321-951-4444 or email brevardbusinessnews@earthlink.net.

SAMPLE PRESS RELEASE AND ADVICE

FOR IMMEDIATE RELEASE: (DATE)

Contact Name
Organization (Agency or Company)
Phone Number
Email

HEADLINE (ONE LINE ONLY)

City, State: Your announcement starts here, and should lead with a strong first paragraph that clarifies what you are announcing, where, and its relevance. Don’t bury the story: doing so makes it harder on reporters to find the information they need most, so get right to it in the first paragraph.

Your story should include the purpose of the grant, how it will benefit your organization and that it was awarded by Jess Parrish Medical Foundation.

Some additional words of wisdom:

- Nobody likes long blocks of content, so use bullets to your advantage to break up the text.
- Use language people can actually understand: if you had to use thesaurus.com to find it, delete it.
- Leverage quotes to build the importance of your story but also to shape your core messages.
- Keep to one page. It is often tempting to add fluff that doesn’t need to be there.
- During your final edit, be honest with yourself on whether or not you are truly focused on what is newsworthy about this announcement. If not, revise accordingly.

About Your Company: This is a placeholder for a short, 3-4 sentence description of your company along with a link to your homepage. Double check to ensure the first sentence accurately and clearly describes your business in a manner that could easily be lifted and translated by a reporter.

### (ADD TO INFORM EDITOR OF END POINT)