

## Sample Application

This is a template application for the Medica Foundation Behavioral Health and Early Childhood Health funding areas. To submit a formal application, you must login to our online portal to complete and submit the appropriate application forms. Email submissions are not accepted.

### Organization Information

Organization Name

Address

Phone Number

Website

Federal ID/Employer Identification Number (EIN)

What is your organization's primary mission? (Limit 100 words)

Organization Primary Contact Information (Chief Officer, President or Executive Director)

Proposal Primary Contact Information

### Proposal Information

Project Title

Brief description of the project (limit 30 words)

Requested Funding for: (select grant length in months)

Requested Amount

Total Project Budget

Organization Budget

Explain how Medica Foundation funding would impact the work during the grant period. For example: capacity building, flexible funding for programs with revenue restrictions, filling funding gaps, etc. (Limit 250 words)

Tell us the assumptions you made when developing your project budget and how you propose to fill any gaps. (Limit 250 words)



Provide any additional information you would like us to know about your budget, funders, or financial situation. (Optional – Limit 100 words)

### **About Your Community**

**Note to applicant:** This is a Minnesota Common Grant Application question. Please share 3-5 paragraphs about the community where, or with whom, you do your work. Relevant information could include some of the following:

- The community opportunity, challenge, issue or need that your organization works to address,
- Information about the people you serve such as socioeconomic status, race, ethnicity, gender, sexual orientation, age, physical ability and language,
- Details about how you work with other organizations, coalitions, or networks,
- Details about how you listen to/involve constituents, community members, and/or volunteers.

(Limit 750 words)

Is this a new or existing program? (New/Existing)

Please describe the program and how it addresses the opportunity or problem facing the populations you are serving. If you are guided by specific practices or models please share them, along with your program activities depth of service, and any tools that are relevant for understanding the program.

(Limit 300 words)

Describe 2-3 measurable outcomes for the populations you are serving. How will their health improve? How will you measure and evaluate these outcomes?

*We are seeking programs that demonstrate results for the population you are supporting. We prioritize programs that demonstrate impact in addressing root barriers to health equity.*

(Limit 350 words)

If this is an existing program, please provide impact and outcome data to demonstrate the effectiveness of your program.

If this is a new program and you are utilizing lessons from similar approaches or an existing program model, please share how they inform your proposed outcomes and goals.

(Limit 350 words)

If this is a new program, discuss what is needed to launch the program successfully and explain where your organization is in the process.

(Limit 350 words)



**Demographic Information:**

Number of people directly impacted by the program.

Number of people indirectly impacted by the program.

Explain how you arrived at the above numbers.

(Limit 100 words)

Coding Areas (drop-down menus in the application)

Program Focus

Population Served

Ethnicity

Age Group

Geographical Area Served

SAMPLE