



GRANT APPLICATION

Reaching Beyond Our Walls

Florida Medical Clinic Foundation of Caring (FMCFOC) strives to support individuals, children and families in need and at risk within Hillsborough and Pasco Counties. Through volunteerism and funding, we leverage our resources to enrich lives and create measurable, immediate and ongoing positive change in our communities.

As a catalyst for making a difference in the Tampa Bay area, FMCFOC is dedicated to building healthy, safe and vibrant neighborhoods, while always remaining relevant, motivated and responsive to the needs of those around us. By funding programs, projects and services through our grant initiatives, we collaborate with local nonprofits to ensure our fellow citizen have the opportunity to live healthy, happy and productive lives. Only through these strong partnerships, can we accomplish our goal of developing sustainable change and positive growth in our area.

Our Board of Directors accepts grant applications on an annual basis. We research each proposal, vet each applicant, and determine where we, as an organization, can have the greatest impact. Although annual grants are made, our support should not be viewed as a continuing source of funds.

If your organization has a program or project that furthers our mission and aligns with our grantmaking goals and strategies, we would love to hear from you!

GRANT MAKING TIMELINE

Phase I	Application Acceptance	March 1 st – June 30 th
Phase II	Grant Review	July
	Site Visits	August - October
Phase III	Funding Decision	November
	Award Reception	December
Phase IV	Impact Reporting	Due June 1 st and December 1 st

Please fill out and **email this application** along with a copy of your **IRS Determination Letter, State of Florida Tax Exempt Certificate, W9** and **Project's budget** to:

Foundation@FMCFOC.org

Omission of the above documentation will disqualify the application.

Date of Application: _____

ORGANIZATIONAL INFORMATION	
CONTACT PERSON:	
NAME OF ORGANIZATION:	
ADDRESS:	
PHONE:	
E-MAIL:	
STATE OF FLORIDA SOLICITATION OF CONTRIBUTIONS NUMBER:	CH#
NUMBER OF YEARS IN BUSINESS:	
SERVICE COUNTIES:	
WEBSITE:	
FACEBOOK PAGE:	
INSTAGRAM PAGE:	

Please review the grant guidelines to ensure your organization falls within our funding parameters.

I. MISSION OF YOUR ORGANIZATION: Please state.

- Are you a part of a larger organization? If so, what is the name of your parent company?

- If you are a big national organization, how locally focused are you?

II. GRANT REQUEST:

Amount Seeking: _____

Project/Program Name: _____

- Please provide an overview of your grant request.

- What issues does your project/program address, and why should FMCFOC be concerned?

- Is this Project/Program already in operation? If not, how soon will the program or project commence once the funds are received?

- Description of Individuals Served by this Proposal:

Number of Individuals Served by this Project: _____

Proposed timeline for this Project: _____

Location of Services: _____

IV. Financial Information:

- How will this funding be used? *Please be specific about how these dollars will be spent.*

- List other funding sources for this project.

- Present the sustainability/longevity for the program for which the money is requested.

- Can and how will your organization sustain the program once funder dollars are no longer there?

- If you are a part of a larger organization, why are they not funding this project?

- What else should we consider when reviewing your application?

- Should you be awarded grant funding, please tell us the social media page you want us to tag to recognize you.

- Should you be awarded grant funding, will you be able to attend a Grant Reception for your check presentation in December? Details will follow.
_____Yes _____No

- Do you agree to submit Impact Reports at 6-months and 12-months post award?
_____Yes _____No

Failure to do so will disqualify you from applying for grant funding in the future.