



## **2011 – 2012 Northwest Arkansas Community Health Grant Application**

The MANA Charitable Fund and the Arkansas Community Foundation (ARCF) announce the 2011 -2012 grant cycle beginning May 1, 2011. Grant applications are accepted year round and will be reviewed at quarterly board meetings in January, April, July, and October.

Any IRS 501(c)(3) public charity, public school, government, or hospital in Northwest Arkansas is eligible. Other applicants may be considered if the project has a clear charitable purpose for the public benefit. Grants are not made to individuals.

MANA physicians identified a need for a venue to provide charitable services to our patients, staff, and members of the community in Northwest Arkansas and in 2006 established the MANA Charitable Fund. The purpose of the MANA Charitable Fund is to expand our staff's commitment of care and to contribute to the quality of life of the people in Northwest Arkansas. Visit <http://www.mana.md/found> to learn more about MANA Charitable Fund and its current programs.

**MANA Charitable grants will focus on improving the health of people in Washington, Benton and Madison counties through expanding health awareness, providing health education and prevention, and health improvement programs.**

The MANA Charitable Fund is a member of the Arkansas Community Foundation. Contributions to ARCF, its funds and any of the 27 local affiliate offices are fully tax deductible.

# MANA Charitable Fund Northwest Arkansas Community Health Grant

## Criteria

1. Any IRS 501(c)(3) public charity, public school, government, or hospital in Arkansas is eligible. Other applicants may be considered if the project has a clear charitable purpose for the public benefit. Grants are not made to individuals.
2. Grant applications are accepted year round and will be reviewed at quarterly board meetings in January, April, July, and October.
3. All information requested must be included or the proposal will not be considered.
4. Handwritten proposals will not be considered.
5. The MANA Charitable Fund will focus on improving the health and health education of Arkansans in Washington, Benton and Madison counties.
6. The following factors are considered, although not exclusively, in reviewing proposals:
  - Potential benefit to the particular population served and to the community of Northwest Arkansas
  - Capacity of the organization to achieve the results outlined in the proposal
  - Likelihood for success, including adequacy of objectives, methods, budget, and time frame
  - Evidence of a plan for evaluating the success of the project or program
  - Proposals that have the promise of sustainability beyond the period of the grant
  - Evidence of cooperation or collaboration with other organizations working in the same field
  - Proposals that include evidence of local financial support (including but not limited to in-kind support) and the likelihood of future support for the project or program
  - The innovation and creative approach manifested in the proposal
7. Each request is considered on its own merit. However, the following are generally not considered:
  - Support for annual fund raising campaigns
  - Support for capital campaigns
  - Projects that address sectarian religious purposes (faith-based organizations may apply for community-based programs)
  - Projects that are political in nature or have a political bias
  - Multi -year proposals
  - Scholarships or fellowships for formal education at any level

# MANA Charitable Fund Northwest Arkansas Community Health Grant

**Grants will generally range from \$3,000 to \$5,000.**

## COMMUNITY HEALTH GRANT PROPOSAL COVER PAGE

Complete this form as the cover page of the grant application. All information must be provided, and this cover page is limited to one 8 ½ x 11 page. Attach additional information as requested in the grant guidelines.

- Please mail one original signed copy of the proposal to the address included in this application packet **and** send an electronic copy to the email address included in this application packet OR one original signed copy of the proposal and twelve (12) photocopies to the address included in this application packet

### Organization Information

<i>Name of organization</i>		<i>Legal name, if different</i>	
<i>Address</i>	<i>Phone</i>	<i>Employer Identification Number (EIN)</i>	
<i>City, State, Zip</i>	<i>Fax</i>	<i>Web site</i>	
<i>Name of top executive staff</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
<i>Name of contact person for application</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
Is the organization an IRS 501(c)(3) not-for-profit?		Yes	No
<i>If no, is the organization a public agency or government?</i>		Yes	No

### Proposal Information

Please give a 3-5 sentence summary of request:

Population served: \_\_\_\_\_ Geographic area served: \_\_\_\_\_  
Project begin date: \_\_\_\_\_ Project end date: \_\_\_\_\_

### Budget

Dollar amount requested: \$ \_\_\_\_\_  
Total annual organization budget: \$ \_\_\_\_\_  
Total project budget (for support other than general operating): \$ \_\_\_\_\_  
Would you provide the organization's full budget if requested? Yes No

### Authorization

By signing and submitting this application, we agree that any funds received will be used for the stated charitable purpose, such purpose being a legitimate charitable purpose as defined by the IRS.

Signature and title of top executive staff: \_\_\_\_\_  
Signature of Board Chair: \_\_\_\_\_

## GRANT REVIEW

The MANA Charitable Fund Board meets quarterly on the months stated below. Applications must be received by the first of the month for consideration. Notifications will be sent out by the end of that month.

- July 2011
- October 2011
- January 2012
- April 2012

## PROPOSAL NARRATIVE

**Limit the proposal to no more than the cover page and three single sided 8 ½ X 11 narrative pages plus the required attachments listed below. The purpose of this application is to state what you plan, what you need, and not to overwhelm the application in words. Submit EITHER one original signed copy of the proposal and one electronic copy by email OR one original signed copy of the proposal and twelve (12) photocopies to the address included in this application packet. Do not include extraneous materials not specifically requested. The narrative page(s) should include the following information as applicable:**

1. **Background and rationale** (describe the challenge, need or opportunity to be addressed and why it was chosen, how the proposed concept was developed, who was involved in the planning)
2. **Description of proposal's concept** (describe what will take place, when it will happen, where it will happen, who will make it happen, who will participate, partnering organizations)
3. **Anticipated outcomes to be evaluated** (describe the changes or improvements you expect to occur, how the changes will address the situation described above; how you plan to determine if expected outcomes did actually occur; and how the change will be measured)
4. **Capacity of grantee** (brief history of the organization and how it and the project director are qualified to plan and to implement the proposal)
5. **Dissemination [if applicable]** (if the project could be replicated elsewhere in the state or region describe how the results will be shared at the close of the grant period)
6. **Sustainability [if applicable]** (describe how the program will be funded after the grant ends)

## ATTACHMENTS

**Attach the following items to your cover page and narrative:**

- a. **Itemized project budget** (include a justification for items which may be questionable)
- b. **List of other project contributions** (describe cash or in-kind contributions received or expected from the community or other funding sources)
- c. **Copy of first page *only* of IRS 501(c)(3) letter of determination** or proof of status as tax-exempt organization such as a school, church, or government entity.
- d. **List of board of directors** with addresses, phone numbers and indicating diversity.

**PLEASE NOTE: BOTH THE EXECUTIVE AND BOARD CHAIR MUST SIGN THE COVER PAGE.**

Email, mail or deliver all grant proposals to:

**MANA Charitable Fund  
MANA Administrative Office  
3383 N. MANA Court, Suite 201  
Fayetteville, Arkansas 72703  
Email: [charitablefund@mana.md](mailto:charitablefund@mana.md)  
Phone: 479.571.6780**