

Health Foundation
of Greater Massillon

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Grant Guidelines

VISION STATEMENT

The Health Foundation of Greater Massillon is a premier community asset supporting health, wellness and activities leading to community well-being with leadership, integrity and vision.

MISSION STATEMENT

The Health Foundation of Greater Massillon enhances the quality of life for residents of Western Stark, Eastern Wayne and Northern Tuscarawas counties by collaborating with and supporting qualified wellness organizations and innovative health programs and initiatives.

SERVICE AREA

Western Stark County

Beach City
Bethlehem Township
Brewster
Canal Fulton
East Greenville
Jackson Township
Lawrence Township
Massillon
Navarre
North Lawrence
Perry Township

Richville
Sugar Creek Township
Tuscarawas Township
Wilmot

Tuscarawas County

Bolivar
Strasburg

Wayne County

Dalton
Orville

ELIGIBILITY

Grants are made to entities recognized as tax-exempt charities under 501 (c) (3) of the Internal Revenue Code and governmental institutions.

The Health Foundation of Greater Massillon normally does NOT APPROVE grants to support the following:

- Overhead and/or administrative costs not directly associated with the proposed project or program
- Annual appeals or membership drives
- Fundraising projects
- Religious organizations for religious purposes
- Travel for individuals or groups (if that is the primary focus)
- Capital campaigns
- Endowment funds
- Individuals or groups
- Lobbying activities

PREPARING YOUR GRANT APPLICATION

Prepare grant application on 8.5 x 11 inch paper printed on one side only for ease of duplication.

In one mailing, please send us two copies of the following documents:

Cover letter signed by the director and board chairman, if applicable, or two authorized representatives.

Full proposal, with pages numbered.

Copy of entity's tax-exempt letter from the IRS.

Current annual report or brief statement of agency's most recent activities.

List of current board members; indicate principal contact person with title and phone number.

Current audit or financial statement. If you do not have one, list provisions you have made for an independent audit.

Your entity's affirmative action policy or statement of non-discrimination.

PREPARING YOUR FULL PRESENTATION

ABSTRACT

One-page summary of proposal, including amount requested.

BACKGROUND OF APPLICANT

A description of your organization's mission, founding date, major programs, links with similar organizations, and number and capacity of staff.

PROJECT DESCRIPTION

Introduction of Project

This should include what community need or policy issue your project will address, the contribution your project will make to the community, how this project relates to your agency's overall program and the names of collaborating organizations.

Goals and Objectives

Objectives, which should clarify who your target group is and how many will be served, should be measurable and tied to short and/or long-term outcomes.

Implementation Plan

This should include the following:

A description of who will do what, when, where and how. It may be presented as a Project Timeline.

Management plan, including role of collaborating organizations, resumes of key project staff, job descriptions of positions yet to be filled, composition of advisory groups to be formed and consultants to be hired.

Project Evaluation

Please describe who will conduct project assessment, and include your criteria, methods and schedule for measuring project effectiveness.

Project Continuation

If your goal is to continue the project beyond the grant period, please describe your plans for continuing and funding the initiative at that time.

Budget

Please include direct and indirect costs and revenue projections, if applicable. Also provide description and justification for amounts requested and, if possible, describe how the use of foundation funds will be efficient and innovative.

Letters of Support

Letters of support or commitment from collaborating organizations must be included. Letters from individuals and organizations supporting your project or from anticipated funding sources are encouraged.

IN ADDITION, PLEASE ANSWER THE FOLLOWING QUESTIONS WITHIN YOUR PROPOSAL:

Is the project a well-planned approach promoting health and wellness (being mindful of the Health Foundation of Greater Massillon's Mission Statement)?

If there are other providers of your proposed services in the area, please describe distinctive features of your project.

Is the Health Foundation of Greater Massillon support vital or catalytic to the project's success?

Is the project promoting cooperation among agencies through non-duplication of services and/or sharing of resources?

GRANT SEEKER

If you have any questions, please feel free to contact our office for assistance.

GRANT-MAKING DECISION PERIOD

Grants are awarded semi-annually. A Distribution Committee, supported by our professional staff, reviews and discusses each proposal submitted. The entire Board approves all distributions.

DEADLINE DATES FOR SUBMISSION

- February 28th or 29th

- August 31st

DECISION MONTHS

- May

- November

Decisions may be extended beyond the decision month. All grantees will be notified by letter of the Board's decision.

SUBMIT PROPOSALS TO:

John J. McGrath, Ed.D.

Executive Director

Email: john@healthfoundation-massillon.org

And/or

Judith Miller

Executive Assistant/Program Officer

Email: judi@healthfoundation-massillon.org