

GRANT REQUEST FORM



Vision: To create a culture of philanthropy that will transform the lives of our communities and our donors

Mission: We work to ensure a future of good health and quality of life, right here at home

Our strategic plan focuses our support on the following areas:

- Advancing the Vision and Mission and Strategic Initiatives of Magnolia Regional Health Center
- Community Health and/or Wellbeing Initiatives
- Alignment with Local Philanthropic Organizations

Our evaluation of sponsorship and grant requests require projects be in line with at least one of the above focus areas and also our Mission and Vision.

Magnolia Foundation does not grant funding to:

- Third party organizations fundraising on behalf of a non-profit organization
 - Political campaigns and/or parties
 - Organizations that discriminate on the basis of age, religion, color, race, sex, sexual orientation, gender identify or national origin
 - Activities that do not support our focus areas, Mission and Vision
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Grant Timeline

Beginning Date	Ending Date	Process
April 1 st	June 30 th	Submission Accepted
July 1 st	September 30 th	Submissions Review Period
October 1 st	October 31 st	Decision Notification
January 1 st	January 31 st	Contract Phase
February 15 th		Disbursement of Funds

Grant Requirements

- Applications may be submitted by email to MagnoliaFoundation@mrhc.org or by mail to:

Magnolia Foundation
MRHC Executive Offices
611 Alcorn Drive
Corinth, MS 38834

- Applications must be received during the submission timeframe.

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- A grant acceptance contract is required to be executed by all grant recipients.
- The grant cycle is on a 12 month basis. Grantees are only allowed to submit one application during this cycle.
- The closing date for the use of funds will be 12 months from the date of the Grant Acceptance Contract.
- A 6 month report and final report are required of all grant recipients.
- All grant applications must include a cover letter explaining the request and summarizing the proposal, amount requested and contact person.

Please note that the average funding amount for approved requests is \$2,500, but larger amounts may be considered.

If you have questions or need additional information, please contact Tracy Moore at tmoore@mrhc.org or 662.293.7664.

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Describe current programs and accomplishments:	
State of Incorporation:	
Organization Total Annual Budget:	
Does your organization utilize social media?	
Official Facebook Page:	
Official Twitter Account:	

Section 3 Project Priorities and Abstract

Which focus area will this project address (mark all that apply):	
<input type="checkbox"/>	Advancing the Vision, Mission and Strategic Initiatives of Magnolia Regional Health Center
<input type="checkbox"/>	Community Health and/or Wellbeing Initiatives
<input type="checkbox"/>	Alignment with Local Philanthropic Organizations
Describe key activities that will be funded by Magnolia Foundation:	

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Explain the project's overall goal and objectives:

Empty text box for project goals and objectives.

Explain why the applicant organization, Project Director and staff are best-suited to lead the project and accomplish the goal and objectives set forth in this application:

Empty text box for applicant organization and staff suitability.

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Describe in detail how the organization will measure progress against the stated project goal and objectives:

Section 5 Project Budget

Total Amount of Funding Requested:	\$
Project Budget Summary (attach to application)	

Organization Authorized Signature: _____
Print

Signature

Date of Application: _____