

BayCare Clinic Foundation Mental Health Grant Request

The BayCare Clinic Foundation (BCCF) is committed to enhancing the wellbeing of our communities through support for mental health initiatives. Our Mental Health grant program will distribute half-a-million dollars over the next 5 years to empower 501(c)(3) nonprofit organizations making a significant impact in mental health.

For the BCCF Selection Committee to consider your request for funding, you must respond to all questions completely. You may wish to add attachments and supporting documentation, which can be done throughout and at the end of the form.

All fields marked with a red asterisk * are required.

Please review the following information and email <u>grants@baycareclinic.com</u> with questions.

Eligibility:

- Applicants must be 501(c)(3) nonprofit organizations in good standing.
- Organizations must operate within the counties served by BayCare Clinic.
- Programs proposed for funding must address mental health issues.

Evaluation Criteria:

- Requests must clearly outline how the funds will be used to benefit mental health services or programs.
- Proposals must be submitted with a detailed budget and an implementation timeline.
- Clear demonstration of need for the program or service.
- Evidence-based approaches to mental health treatment, support, or education.
- Organizational capacity to execute the proposed project effectively.

- Potential for sustainable impact and long-term success.
- Collaborations with other community organizations and resources.

Funding Priorities:

- Innovative programs that fill gaps in existing mental health services.
- Initiatives that offer support to underserved or marginalized populations.
- Educational campaigns that increase awareness and reduce stigma related to mental health.

Non-funded Activities:

- Endowments or debt reductions.
- Political campaigns or lobbying efforts.
- Activities that have already occurred or expenses already incurred.
- Hiring new staff or operational activity that would otherwise require ongoing revenue for program sustainability
- Unrestricted gifts to foundations

Funding Period

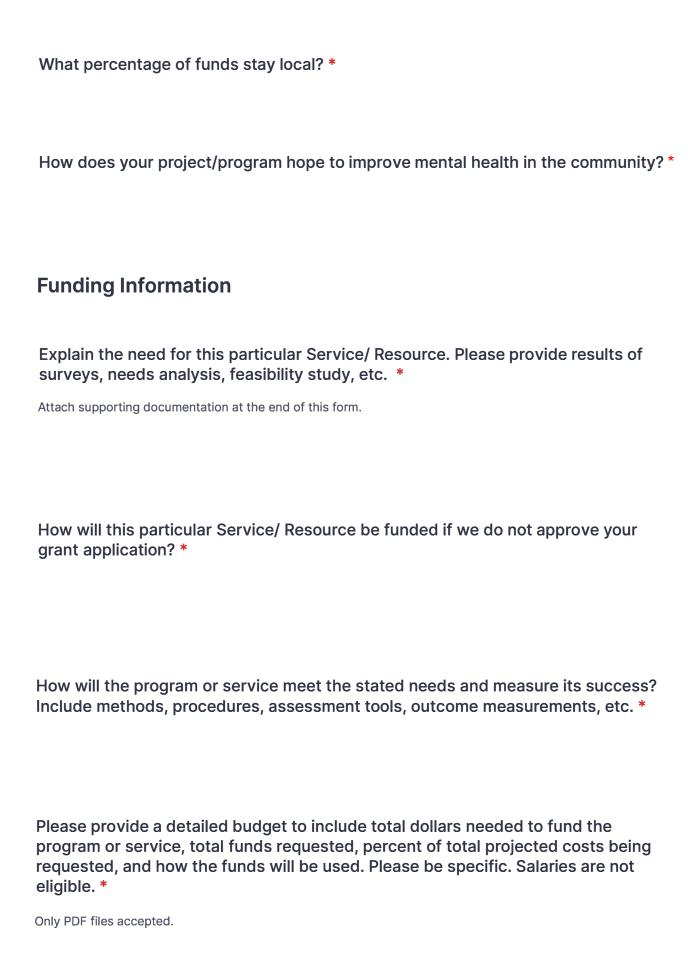
BCCF accepts grant applications through the year. We fund approved requests quarterly. Grant requests submitted to BCCF are reviewed quarterly. The time it takes to review and make decisions on grant requests varies based on when your application was submitted. Please note that all grant requests submitted after October 1 may not be considered for funding during the calendar year.

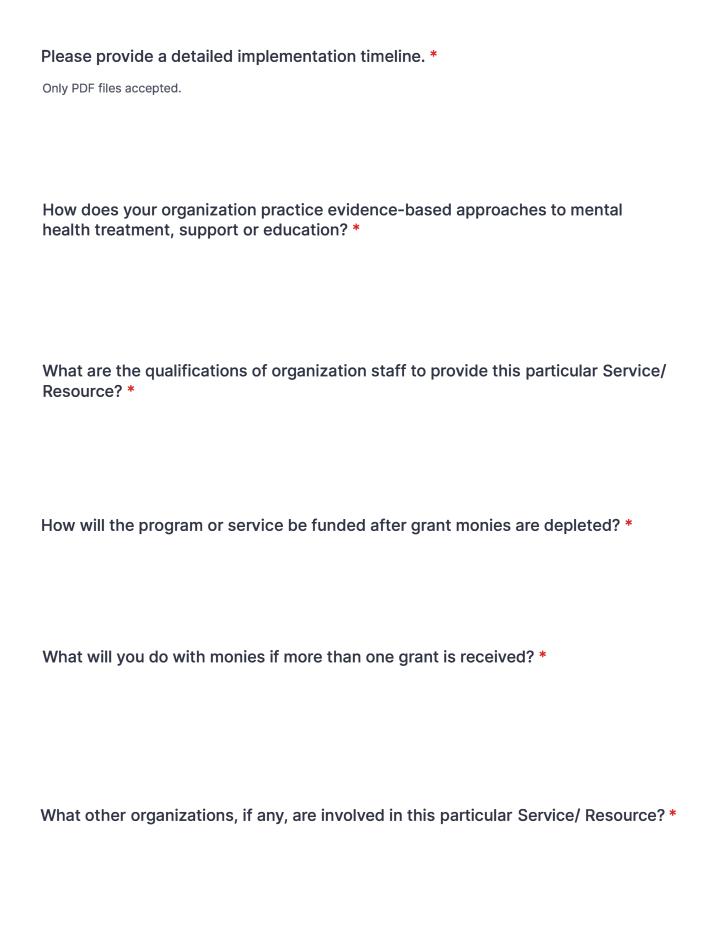
Review and Notification

Applications undergo a rigorous review by the BCCF Grant Selection Committee, which assesses each proposal based on the outlined evaluation criteria. This process ensures fairness and funds the most impactful mental health initiatives. Organizations will be notified of the committee's decision by email within 90 days of the application submission. Successful applicants will receive formal award letters, including grant agreement terms and reporting expectations. All funded programs must report back on the use of funds and outcomes achieved, ensuring accountability and promoting best practices in mental health advocacy and support.

Organization Information

Name of Program, Service or Project *	Name of Nonprofit Organization *
Purpose of Program, Service or Project *	
Total Funds Requested *	
Proof of 501(c)(3) Status * Please upload your determination letter from the IRS, art files accepted.	ticles of incorporation or similar document. Only PDF
Describe the location where Services or R	Resources will be provided. *
Approximately how many people will bene Resource annually and in its lifetime? *	efit from this particular Service/
Who will benefit from this particular Servi gender, race, socioeconomic data, and proveterans. *	





Please indicate if you have applied for fu you applied and the amounts applied for	
How will the BayCare Clinic Foundation b	be recognized if funds are approved? *
Is there anything you would like to add?	*
Contact Information	
Main Contact *	
First Name	Last Name
Mailing Address *	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	

Fm	ail	Δ	hh	ress	*
	uII		αч	1000	

Phone Number *

Supporting Documents

Only PDF files accepted.

Signature

By signing this application, I certify that all information provided is true and complete to the best of my knowledge. I understand my application will not be sent to any other organization and is reviewed only by the Selection Committee. If a grant is awarded, BayCare Clinic may use my name and information received as part of the application, in communications, marketing materials, media releases and/or social media posts.

Signature *