



Fallon Community Health Plan

Community Benefit Program—Mini Grants

About FCHP Mini Grants:

Fallon Community Health Plan's Community Benefit/Mini Grant program supports non-profit organizations within FCHP's service area. The purpose of the FCHP Mini Grant program is to fund lower cost projects of value to non-profit organizations. FCHP Mini Grants will be made in amounts up to \$5,000 and are funded through FCHP's Community Relations Committee.

What is the grant cycle?

Applications will be reviewed on a monthly basis. It is advised to apply at least 12 weeks prior to the scheduled date of your project/event. Mini Grants will be awarded monthly. Through the Mini Grant program, agencies will be funded only once per year.

Who can apply?

Eligible organizations include non-profit health and social service agencies, public schools, city or town agencies, community health centers, and hospitals, with a focus on organizations providing services to populations throughout our service areas.* Organizations are eligible to receive funding for a mini grant once per calendar year.

** Excludes the Cape Cod and the islands.*

How do I apply for an FCHP Mini Grant?

To apply for an FCHP Mini Grant, complete the attached form. Please make sure you include all of the requested attachments or you may not be considered in our mini grant review process.

Completed applications should be submitted by mail or fax to:

Fallon Community Health Plan Mini Grants
Community Relations Department
Fallon Community Health Plan
10 Chestnut Street
Worcester, MA 01608

Contact Information:

Kimberly M. Salmon
Director of Community Relations
Kimberly.Salmon@fchp.org
Phone 508-368-9439
Fax 508-831-1141

Cheryl Schmaltz
Senior Community Relations Associate
Cheryl.schmaltz@fchp.org
Phone: 508-368-9834
Fax: 508-831-1141

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APPLICATION

Date:

Organization / Community Group Name:

Organization Non-Profit Tax ID:

Organization Contact:

Contact Title:

Address:

City, State ZIP:

Phone:

Fax:

Email address:

1. Amount Requested:

2. What is the mission of your organization/Community Group?

3. Geographic Areas Served:

4. What is the goal/anticipated outcome of this project and how will you measure your outcomes?

5. Describe the Activity/Project to be funded. Please provide a timeline for this project, including key milestone dates.

6. Define the demographics and market reach of those you serve and describe how this Activity/Project will impact the recipients.

7. Please provide a detailed budget of resources needed to accomplish the Activity/Project to be funded.

8. Please describe how the funder will be recognized through this program and your organization.

9. Attachments Required:

- a. A copy of the current IRS determination letter indicating 501 (c) (3) tax-exempt status.
- b. List of Board of Directors with affiliations/place of employment and titles.
- c. List of leadership staff, titles and credentials.

FCHP Internal Use Only:

Previous monies given to this organization:

Date	Program	\$ Amount