

# March of Dimes

Chapter Community Grants Program

California Chapter

2008 COMMUNITY AWARD APPLICATION



## Purpose

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies' lives. In 2003 March of Dimes launched a multi-year campaign to address the increasing rate of premature birth.

As part of this effort, the California Chapter invites you to participate in our 2008 Community Awards Program. The goal of the community awards program is to identify and fund community-based programs addressing the health concerns of pregnant women and infants in California.

Community Awards can be made to support activities such as: purchase and distribution of March of Dimes health education materials, implementation of March of Dimes community programs (e.g. Stork's Nest® and *Comenzando bien*®), or a conference for health professionals. To view our product catalog, visit the March of Dimes Web site at [www.marchofdimes.com](http://www.marchofdimes.com).

Please Note: Community Awards may not be used to support equipment or furniture, individual tuition or conference fees, dues or membership fees, staff salaries or stipends, or programs requiring long-term March of Dimes funding.

## Available Funding and Eligibility

The chapter's Community Award fund for 2008 is \$77,500. Awards range from \$500 to \$3000. Proposals can be submitted on an on-going basis throughout 2008 until all funds are expended. The applicant must provide services in California. For larger scale projects, contact the California Chapter to learn more about how to apply for a chapter grant.

In order to be eligible to receive a March of Dimes community award, an organization must be an incorporated not-for-profit (501c3) or for profit organization or government agency. **The March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the chapter's Program Services Committee.

## Application Instructions

1. Complete the attached Application Cover Sheet
2. Include a two-page letter outlining the following:
  - Name of agency/organization requesting the award
  - Description of the program/project that the funds will support
  - Description of budget items requested (please detail)
  - How the program/project meets community needs and relates to the March of Dimes mission.
  - Time frame in which the funds will be spent
3. Complete and sign a W-9.
4. E-mail the two-page letter, cover sheet and W-9 by 12/01/08 to: [californiagrants@marchofdimes.com](mailto:californiagrants@marchofdimes.com)
5. Mail the original two-page letter, cover sheet and W-9; along with 2 copies of each to:  
Mary-Jane Roebuck  
March of Dimes California Chapter  
1050 Sansome St, 4<sup>th</sup> Floor  
San Francisco, CA 94111
6. Notification of decisions and check disbursement will take place quarterly following review by Program Services Committee volunteers from the applicant's appropriate March of Dimes division. Proposals received after 12/01/08 will be held for review in 2009.
7. Feel free to contact us by phone at (415) 217-6380 or by e-mail at [californiagrants@marchofdimes.com](mailto:californiagrants@marchofdimes.com) if you have questions about this application process.

**Applications must be received by 4:00PM on 12/01/08.  
Late applications will be held for review in 2009.**

**March of Dimes**  
**Chapter Community Grants Program**  
**COMMUNITY AWARD APPLICATION COVER SHEET**



Applicant Organization \_\_\_\_\_

Project Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Description:**

(Please include a brief description of how Community Award funds would be used)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate the following:**

Approximately how many individuals will be served by your project? \_\_\_\_\_

List the race/ethnicity of the majority of individuals served (if applicable): \_\_\_\_\_

Total community award requested \$ \_\_\_\_\_

Check should be made out to: \_\_\_\_\_

**Attached the signed W-9?**       **yes**       **no**

\_\_\_\_\_  
Signature - Primary Staff Person      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Type Name and Title

\_\_\_\_\_  
Signature - Executive Director      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Type Name and Title

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**Late applications will not be reviewed in 2008.**