



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 grants@baycareclinic.com 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, articles of incorporation or similar document. Only PDF files accepted.

W-9 Tax Information *

Please upload a completed, current W-9 form with an appropriate date. Only PDF files are accepted

Describe the location where Services or Resources will be provided. *

Approximately how many people will benefit from this particular Service/ Resource annually and in its lifetime? *

Who will benefit from this particular Service/ Resource? Please include age, gender, race, socioeconomic data, and protected-class status such as military Veterans. *

What percentage of funds stay local? *

How does your project/program hope to improve mental health in the community? *

Funding Information

Explain the need for this particular Service/ Resource. Please provide results of surveys, needs analysis, feasibility study, etc. *

Attach supporting documentation at the end of this form.

How will this particular Service/ Resource be funded if we do not approve your grant application? *

How will the program or service meet the stated needs and measure its success? Include methods, procedures, assessment tools, outcome measurements, etc. *

Please provide a detailed budget to include total dollars needed to fund the program or service, total funds requested, percent of total projected costs being requested, and how the funds will be used. Please be specific. Salaries are not eligible. *

Only PDF files accepted.

Please provide a detailed implementation timeline. *

Only PDF files accepted.

How does your organization practice evidence-based approaches to mental health treatment, support or education? *

What are the qualifications of organization staff to provide this particular Service/ Resource? *

How will the program or service be funded after grant monies are depleted? *

What will you do with monies if more than one grant is received? *

What other organizations, if any, are involved in this particular Service/ Resource? *

Please indicate if you have applied for funds from other sources. Include where you applied and the amounts applied for/ received. *

How will the BayCare Clinic Foundation 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

Email Address *

Phone Number *

example@example.com

Please enter a valid 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 *