



Organized June 12, 1889

## Mini-Grant Guidelines

For projects up to \$2,500 benefiting residents of Placer and or Nevada Counties

**Please review these guidelines and follow all instructions carefully.**

**Please submit your completed Mini-Grant application to:**

PLACER-NEVADA COUNTY MEDICAL SOCIETY  
P.O. BOX 2478  
MARYSVILLE, CA 95901

Phone (530) 822-7770 Fax (530) 751-7770 E-mail [pncms\\_exec@syix.com](mailto:pncms_exec@syix.com)

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What is Placer/Nevada County Medical Society?

***"The mission of the Placer-Nevada County Medical Society (PNCMS) is to promote the science and art of medicine, the care and well being of patients, the protection of public health, and the betterment of the medical profession".***

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**What is a Mini-Grant?**

The Mini-Grant Program is a method of allocating grants up to \$2,500 for purposes that enhance the overall health and well being of county residents and further the mission/vision of the PNCMS. Proposals must be submitted by February 28, 2010. For the fiscal year beginning January 1, 2010 through December 31, 2010, there is \$5,000 available for Mini-Grants of up to \$2,500.00 each.

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**Who can apply for a Mini-Grant?**

Any non-profit organization can apply for a Mini-Grant: Projects must show good intent to benefit the health of residents living in Placer and Nevada county and the local community.

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**How do I apply for a Mini-Grant?**

To apply for a Mini-Grant, you must complete the Mini-Grant application and submit the completed original to the PNCMS office. The instructions below will help you complete the application. Here is a

checklist of items that you should review before you turn in your application. It is very important that all of the following items are included; **incomplete applications will not be considered.**

- A completed *coversheet*—page 1 of the application
- A completed *project description*—pages 2 and 3 of the application (Identify the linkage of the project to the mission/vision of the PNCMS, then answer the 5 questions which follow; this section is not to exceed 2 pages when completed. Please use at least 10-point font for your answers.)
- A completed *proposal budget information form*—page 4 of the application
- A *budget narrative*—page 5 of the application, not to exceed one page in 10-point or greater font, that identifies the portions of your proposal that this Mini-Grant will pay for, as well as outlining other sources of support and collaborations.
- On Page 6, Initial *statement regarding auto insurance* and sign *statement of compliance* with nondiscrimination laws

**Here are some general requirements:**

- A proposal must be submitted on the attached forms. It may be handwritten or typed; we can also send these forms to you by email. Please make it readable.
- Please allow for at least four weeks for review and consideration of your proposal. All proposals are reviewed by the PNCMS Board of Directors for consideration at its next meeting.
- We cannot allocate any funds to supplant existing programs supported by state or local general fund revenues.

We are glad to answer any questions you might have. Call us at 530-822-7770 or email us at [pncms\\_exec@syix.com](mailto:pncms_exec@syix.com) . Here are some page-by-page guidelines for completing the application:

PAGE 1: COVER PAGE

- **Organization Information:** Provide organization and contact information as requested. If monies are going through a Fiscal Sponsor or Fiscal Agent for tax purposes, please provide the name of the Fiscal Sponsor or Fiscal Agent.
- Please check the appropriate box describing your **business type**.
- **The Project Description** should be brief; you'll have more time to write in the project description section on pages 2 and 3.
- **Geographic Area:** Indicate what part of Placer or Nevada County your project will benefit.
- For **Project Budget**, indicate both the Amount Requested of PNCMS and the total cost of the whole project.
- **Project Timeline:** Indicate whether this is a one-time project or provide a start and end date. Please note that the contract will require that all activities funded by the contract be completed within one year.
- **Signatures:** The proposal must be signed by the individual who will contract with the PNCMS to do the project. If a corporation submits a proposal, the proposal must be signed by a corporate officer or a representative authorized by the organization. If an individual or organization will contract with PNCMS through a Fiscal Sponsor or Fiscal Agent, the Fiscal Agent must sign the application. Individuals and organizations may incur state and federal tax liabilities as a result of

receiving this grant, and will be required to provide Tax ID and/or Social Security Numbers in the contract. The Commission will report, as required, to state and federal revenue authorities. Governmental agencies are exempt from this requirement.

- **Nonprofit Status/Articles of Incorporation:**

Nonprofit organizations must provide documentation of tax-exempt status from either the Internal Revenue Service or the Franchise Tax Board.

A copy of the organization's Articles of Incorporation and an authorization from the governing board allowing submission of the proposal must be included with the proposal. If an organization is in the process of being incorporated by the California Secretary of State's Office, a proposal may be submitted contingent upon providing proof of the incorporation process.

#### PAGES 2 and 3: PROJECT DESCRIPTION

Check off which PNCMS mission/vision areas your project falls. Provide brief answers (one paragraph each at most) to each of the 4 questions about your project. An example is provided; use this as a guide or call us with any questions. Keep this section to 2 pages or less. You may single space.

#### PAGE 4 and 5: BUDGET AND BUDGET NARRATIVE

You must also submit a budget with your proposal, to explain how you plan to spend the Mini-Grant money. Please note that you are asked to provide the total of all costs for your project and then break out from those costs only the portion **for which** this Mini-Grant will **pay, as** well. Contractors are obligated to spend grant funds in accordance with the proposal budget, unless an agreement to modify the budget is included in the contract. The PNCMS has the right to require a refund if PNCMS funds are not expended as agreed in the contract.

Please keep your budget narrative to less than one page. You may single space.

#### PAGE 6: INSURANCE & NON-DISCRIMINATION STATEMENT OF COMPLIANCE

- Insurance: **This is very important.** Please read the Insurance requirements page thoroughly, initial if no automobile will be used, and attach proof of insurance if you have it already. Grantees are required to obtain insurance coverage. An insurance agent can give you a cost estimate for obtaining this type of insurance. You shouldn't purchase the insurance until your project is funded, but you'll need to submit a verification of insurance before a contract is signed. You may work out an arrangement with an "Umbrella Agency" to act as your fiscal agent for the project, and then be covered by their insurance. This could be a nonprofit or government agency.
- Compliance with Nondiscrimination Laws: You must complete the attached Statement of Compliance Form

#### **I sent in my application to PNCMS, now what happens?**

First, staff will review it to make sure all information is provided. A completed application that passes staff review will then be placed on the agenda for consideration by the PNCMS Board of Directors.

**As mentioned above, a proposal must demonstrate that the funding will support a strategy or strategies (program, services or project) that appropriately target a strategic result area in the most current version of the PNCMS Mission/Vision statements.** Your proposal will be judged individually and the PNCMS will have full discretion about whether or not to fund a proposal. The PNCMS will consider how well your idea furthers the PNCMS mission and vision. Other factors such as collaboration and sustainability may be considered in evaluating your application.

**Please note:** All proposals submitted become the property of the PNCMS and will not be returned. The PNCMS reserves the right to reject any proposal. You will receive notice indicating whether or not you are funded soon after the PNCMS decides.

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### **The PNCMS decided to fund my Mini-Grant! Now what?**

After you have been approved for funding, staff will work with you to draft a contract for your review and signature. Once we have a signed contract, copy of insurance and completed paperwork, you can begin to provide services. You will be asked to collect demographic data on the people served.

After completion of your project, you will submit an invoice for reimbursement of expenses as outlined in the contract. Also, you will submit a one-page evaluation, plus appropriate demographic data. See attached Exhibit A for more information.

The Placer-Nevada County Medical Society requests that you come to our annual membership dinner as our guest and explain the service you rendered to our member physicians, and of course you can also bring brochures as well.

**EXHIBIT A**

**MINI- GRANT REPORT**

Though very important, we have tried to keep this evaluation as simple as possible! Your Mini-Grant Report consists of three parts:

- o **This Exhibit**; and
- o **Copies of receipts for all costs incurred** (please include a coversheet that lists each receipt and then a total of all monies expended. One should equal the other.) and
- o **Demographic Tool** (if required)

Please complete and submit these materials within one month of the completion of the project as outlined in your contract. The completion date is \_\_\_\_\_. Mail or hand-deliver these documents to: PNCMS at ?.

**Please answer the following questions in the space provided (type or print clearly):**

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

Name of Agency: \_\_\_\_\_

Total dollar amount expended: \_\_\_\_\_

Total number of Placer/Nevada County residents served:	Total number of families served:	Total number of providers served:
_____	_____	_____

1. What problem or need did you attempt to address by this project? What actions did you take to address this problem or need? (What did you do?)

2. What change did you expect as a result of this project, and how did you measure it?

3. Were you successful in achieving your objectives? What, if any, challenges did you encounter?

