



Supporting the mission of Gift of Life Michigan

Grant Application 2021-2022

The Gift of Life Foundation is a non-profit organization dedicated to promoting and supporting Michigan's donation and transplant community. The Grant program has been established through the Gift of Life Foundation to promote initiatives that support organ and tissue donation. The Foundation welcomes applications from community partners dedicated to the promotion of organ and tissue donation.

The guiding principles of the Gift of Life Foundation are as follows:

- *We envision a day when organ and tissue donation is the cultural norm for all citizens in Michigan so that no one dies waiting.*
- *As good stewards of public support, we manage our costs vigilantly, to increase resources that will support grants to the community and transplant centers.*
- *We provide grants of financial assistance to transplant centers, post-transplant recipients and waiting candidates to help with financial challenges and transplant successes.*
- *We promote the cause of organ and tissue donation and transplantation in the community by funding public and professional education efforts.*

Funding decisions are made at the Board of Trustees spring meeting and apply to the next funding cycle, which begins in July of each year. In order for your request to be considered for the upcoming funding cycle (July 1, 2021 – June 30, 2022), complete packets are to be submitted before March 15, 2021.

Grants are limited to \$20,000 annually

Submit grant materials to:

Gift of Life Foundation
3861 Research Park Drive
Ann Arbor, MI 48108
or
sblakley@golm.org

Questions? Please contact Stacie Blakley (734) 922-1261

Materials are due March 15, 2021 for consideration and will not be returned.



A Donate Life Organization

3861 Research Park Drive ♥ Ann Arbor, MI 48108-2217
800.482.4881 ♥ FAX: 734.973.3133



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REQUIRED ATTACHMENTS

- I. **PROPOSAL SUMMARY: One-half page, maximum**
Please summarize in a short paragraph the purpose of your grant. Briefly explain why you are requesting funds, what outcomes you hope to achieve, and how you will spend the funds if approved.

- II. **NARRATIVE-Five pages maximum-Please use headings as provided in the order listed**
 - A. **BACKGROUND**-Describe how your project addresses the following:
 1. Supports the mission of the Gift of Life Foundation
 2. The need that your project works to address and the population it serves, including geographic location
 3. Your organization's relationship to Gift of Life Michigan and other organizations working to meet similar needs.
 4. **If this grant has previously been funded by the Gift of Life Foundation, an additional one page outcome summary is required. Please provide specifics that describe the past success of this grant, metrics and/or community outcomes. Describe if changes were made to the project based on these outcomes and if the intended audience needs were served.**

 - B. **FUNDING REQUEST**-Please describe the program for which you seek funding
 1. A list of all sources of income toward the project, actual and prospective with amounts
 2. Current organization budget and an estimated project budget-List staff resources separately and include % of time spent on the project.

 - C. **EVALUATION**-Please describe how you will measure the effectiveness of your project. Describe your criteria for success and the results you expect to achieve by the end of the funding period.

- III. **ATTACHMENTS-Please provide the additional following information:**
 1. List of Trustees or Board of Directors and their affiliations
 2. Verification of IRS 501(c) (3)





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PLEASE PRINT

Applying Organization: _____

Address: _____

Tax ID: _____

Project Manager: _____

Title: _____

Phone: _____

Email:
Director/President
Of Organization: _____

Email: _____

REQUIRED INFORMATION

Project Title: _____

Total Project Budget \$ _____

Funding request \$ _____

Annual funding request not to exceed \$20,000.



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GIFT OF LIFE FOUNDATION GRANT AGREEMENT

I have read the requirements for submission for a Grant through the Gift of Life Foundation and have attached all required materials

- I certify the applying organization is non-profit and tax exempt 501(c) (3) under IRS guidelines.
- I agree to use this grant to serve populations in Michigan exclusively.
- I am aware that funding decisions will be made in late spring, with announcement of awards to be made no later than July 1, 2021.
- I will contact the Foundation if there is a change in project manager, non-profit status of the organization, or any other factors that may affect the awarding of the grant.
- I am aware that to receive funds for this grant I am required to agree to share grant related webcasts, videotaping, program and project materials to reach the broadest audience possible. **All approved grants must include recognition of funding in materials and verbally during the program if applicable and include the phrase, "This project/program is sponsored in (whole or part) by the Gift of Life Foundation" followed by a call to action regarding the Michigan Organ Donor Registry, directing registrants to either call 866-500-5801 or register online at www.GiftofLifeMichigan.org.**

Signature _____
Project Manager

Date _____

Signature _____
Director /Administrator of Applying Organization

Date _____

