**Memorial Foundation, Incorporated**
**Community Benefit Program**

The Memorial Foundation is pleased to invite eligible organizations to apply for funding through our **Community Benefit Program**. Our Foundation is deeply committed to building healthy, vibrant communities within Memorial Hospital's service area—both now and for generations to come.

**Program Purpose**
The Community Benefit Program provides financial support to nonprofit organizations, initiatives, and infrastructure projects that improve the quality of life for individuals and families in our community.

**Focus Areas**
For the upcoming grant cycle, Memorial Foundation is prioritizing proposals that address one or both of the following focus areas. We are especially interested in **collaborative and innovative projects** that target the root causes of complex community challenges:

- **Behavioral/Mental Health** – Expanding access, awareness, and support for behavioral health and mental wellness initiatives.
- **Youth Social & Emotional Learning Initiatives** – Supporting programs that equip children and youth with the skills to succeed academically, socially, and emotionally.

**Eligibility Requirements**
To be considered for funding, applicants must meet the following criteria:

1. Be a registered 501(c)(3) organization or a governmental entity.
2. Be located in and/or provide services to individuals within Memorial Hospital's service area (*see appendix for list of eligible locations*).
3. Submit only one application per year (organizations with multiple branches or chapters may submit only one application collectively).
4. Organizations that do not provide direct services are **ineligible** at this time.
5. Private foundations and individuals are not eligible for grant funding.
6. Emerging organizations (those providing services for less than three years) can only request one year of funding.
    - Emerging organizations may be invited to apply for renewed funding after completing annual reporting.
7. Organizations applying for funding must provide:
    - A completed application
    - Federal 501(c)(3) status documents
    - A list of services offered
    - A list of board members
    - An operational budget
      *(Additional documentation may be requested by the Community Benefit Committee.)*

**Application Process & Timeline**
Applications can be found online at: Memorial Foundation | BJC

To prepare for your application, we encourage you to contact Liz Jennings, Memorial Foundation and Development Manager, at elizabeth.jennings@bjc.org to set up a meeting to discuss your initiative with our team. This conversation ensures your proposal aligns with our funding priorities and provides an opportunity to address any questions you may have. Following your pre-grant meeting, we welcome you to submit your application electronically. Please ensure that all required materials are included and submitted by the deadline.

The 2027 Grant application deadlines are:

- January 8, 2027

Completed proposals should be emailed to mfigrants@bjc.org. Proposals received after a deadline will be held for the next review period. Memorial Foundation reserves the right not to fund requests for any reason.

**Review Process & Timeline**

After submission, the proposal will be sent to all members of the Community Benefit Committee (CBC). Within a week of submission, you will be contacted if there are questions from the committee. These will be submitted to you via email. Your written response will be due prior to our meeting.

Your proposal will be discussed during a quarterly CBC meeting, which meets approximately three weeks after the submission deadline, to determine a funding recommendation to be considered by MFI Board of Directors. MFI Board of Directors makes the final funding decision. Applicants are typically notified via email within 48 hours of the Board meeting.

If you have any questions or need additional information, please contact:
**Liz Jennings, Foundation and Development Manager** ● Email: elizabeth.jennings@bjc.org

Thank you for the important work you do in serving our community! We look forward to reviewing your application.

| Memorial Hospital Service Area | |
|---|---|
| **City** | **Zip Codes** |
| Belleville | 62220, 62221, 62222, 62223, 62225, 62226 |
| Breese | 62230 |
| Cahokia | 62206 |
| Carlyle | 62231 |
| Caseyville | 62232 |
| Collinsville | 62234 |
| Columbia | 62236 |
| Dupo | 62239 |
| Edwardsville | 62025, 62026 |
| East St. Louis | 62201, 62202, 62203, 62204, 62205, 62206, 62207 |
| Fairview Heights | 62208 |
| Freeburg | 62243 |
| Glen Carbon | 62034 |
| Lebanon | 62254 |
| Lenzburg | 62255 |
| Marissa | 62257 |
| Maryville | 62062 |
| Mascoutah | 62258 |
| Millstadt | 62260 |
| New Athens | 62264 |
| New Baden | 62265 |
| O'Fallon | 62269 |
| Pinckneyville | 62274 |
| Red Bud | 62278 |
| Saint Jacob | 62281 |
| Scott Air Force Base | 62225 |
| Shiloh | 62221 |
| Smithton | 62285 |
| Sparta | 62286 |
| Trenton | 62293 |
| Troy | 62294 |
| Waterloo | 62298 |

## Please include the following:

**Organization Name:**

**Person Preparing Proposal:**

**Executive Summary:**

**Mission / Purpose: Please include SMART goals.**

**Request / Ask:**

**Population (Demographics) Receiving Services: Please provide an estimate of targeted individuals along with the demographics if possible.**

**Background / History:**

**Planning, Evaluation & Measurement: Please include 4-5 measures of success that can be tracked year over year if appropriate.**

**Sustainability: If hiring staff please include the longer-term plan to incorporate them into budget.**

**Partnership: For this organization, what ideas come to mind around informing others of Memorial's support with the community served, and/or the community at large (ie – banners, newsletters, website, etc.?)**

**Please provide 2-3 times you/your team are available to meet for one hour in the next 2 weeks.**

**Please fill out the financial requests on the following page**

| Budget Needs | |
|---|---|
| **Personnel** | |
| Description<br><br>**Total $$ Personnel** | |
| **Programs / Outreach / Education** | |
| Description | |
| **Total Purchases** | |
| **Building/Renovations/Construction (If appropriate)** | |
| Description | |
| **Total B/R/C** | |
| **Other** | |
| Description | |
| **Total Other** | |
| **Total Requested** – Please total all the request (s). | |
| **For the overall operating organization, please provide the % of each dollar that goes to the recipients of service if appropriate.** | |

**Email completed request to MFIGrants@bjc.org**