2023 MHS Innovation Grant Application

Applications are due by Monday, February 6, 2023. Awardee(s) will be announced at Mennonite Health Assembly’s closing session on Thursday, March 9.

APPLICANT INFORMATION

**Last Name**

Click or tap here to enter text.

**First Name**

Click or tap here to enter text.

**Email**

Click or tap here to enter text.

**Phone**

Click or tap here to enter text.

MHS MEMBER ORGANIZATION INFORMATION

**Organization's Name**

Click or tap here to enter text.

**Organization’s Mission Statement**

Click or tap here to enter text.

**Organization’s Vision Statement**

Click or tap here to enter text.

**2023 Budgeted Annual Operating Expenses**

Click or tap here to enter text.

**Projected Title for This Grant (Limit 100 Characters)**

Click or tap here to enter text.

**Amount Requested (Up to $4,000)**

Click or tap here to enter text.

**Brief Description of the New Innovation (Limit 100 Words)**

Click or tap here to enter text.

**How will your organization use the grant money, if awarded, for this new innovation? (Limit 100 Words)**

Click or tap here to enter text.

**Grant is intended to fund new innovations that will enhance health and human service programs at MHS member organizations. How will this project impact your organization’s ability to deliver services? (Limit 300 Words).**

Click or tap here to enter text.

**It is MHS’s mission to inspire and strengthen health and human service ministries to fulfill their missions. Briefly describe how this project supports your organization’s mission and vision. (Limit 300 Words).**

Click or tap here to enter text.

**MHS is anchored in Anabaptist values. Efforts that demonstrate alignment with and/or support of Anabaptist faith and values will be given preference. How is this project in alignment with and/or supportive of Anabaptist faith and values? (Limit 300 Words).**

Click or tap here to enter text.

**Projects that support diversity, equity, and inclusion will be given preference. How does this project support diversity, equity, and inclusion? (Limit 300 Words).**

Click or tap here to enter text.

**If your grant request was not funded OR was partially funded, how would that affect the project? (Limit 100 Words).**

Click or tap here to enter text.

**Email your organization’s most recent Form 990 and consolidated budget for this year to** [**infor@mhsonline.org**](mailto:infor@mhsonline.org) **before the application deadline. Type” MHS Innovation Grant” in the subject line.**

**By checking this box,** you indicate your agreement to allow MHS to provide information about the MHS Innovation Grant, if awarded to your organization, on the MHS website and MHS marketing materials at MHS’ discretion. You additionally agree to provide MHS with an impact report by December 31, 2023.

**

**My electronic signature below** indicates that the information contained herein is accurate and truthful to the best of my knowledge.

**Signature (typed name)**

Click or tap here to enter text.

**Date**

Click or tap here to enter text.

***NOTE:*** *Incomplete applications will not be considered. Please double-check that the application has been fully completed.*