**GRANT APPLICATION GUIDELINES FOR NON-PROFIT ORGANIZATIONS**

**The Perrigo Company Charitable Foundation** is a private, non-profit organization wholly funded by Perrigo Company plc. The Foundation’s mission is to provide financial support to nonprofit organizations that promote our commitment to enhance the health, well-being and education of individuals and families in communities in which Perrigo operates.

**Mission Statement:**

*To provide financial support to non-profit organizations that promote our commitment to enhancing the health, well-being and education of individuals and families in the communities in which Perrigo operates.*

**Vision Statement:**

*To help improve and positively impact communities by improving access to quality health services, creating educational opportunities, and supporting the needs of the under-served.*

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| **Applying to the Foundation for funding** | |
| Before applying for a grant, please review this entire document to ensure your program or project fits with these guidelines. | |
| **General Guidelines**  To be considered for a grant an organization must:   * Have a current 501(c)(3) nonprofit designation from the Internal Revenue Service, including some subsections. * Address at least one of our grantmaking priorities * Be able to track results * Be located in or near communities in which Perrigo operates or a significant number of our employees reside   The Foundation will not review more than one application per year (any 12-rolling month period) from a single organization. | **Funding is not available for:**   * Projects that directly influence or advance our company’s business, including purchase, utilization, prescribing, formulary position, pricing, reimbursement, referral or recommendation of or payment for its products * Political organizations or campaigns * Fraternal or labor organizations * Organizations or groups for which funds requested are used for religious purposes or activities * Unrestricted general operating support * Clinical research, trials or studies * Meetings or conferences that are continuing education for working professionals * Individuals and for-profit organizations |

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| **Application Deadlines** | |
| The Perrigo Company Charitable Foundation board makes funding decisions during Board meetings held on a quarterly basis. Application acceptance dates and corresponding Board meetings are posted below and are subject to change without notice. **Funding requests are typically determined within 45 business days of the application deadline.** | |
| **Applications Accepted** | **Board Meetings** |
| November 1 – January 31 | March |
| February 1 – April 30 | June |
| May 1 – July 31 | September |
| August 1 – October 31 | December |

Questions?

Email[perrigofoundation@perrigo.com](mailto:perrigofoundation@perrigo.com)or call 269-686-1840

**PERRIGO FOUNDATION GRANTMAKING FRAMEWORK**

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| **Leadership Areas**  for purposeful grantmaking | **Grantmaking Priority Focus**  our funding strategies | **Outcomes**  short-term results for which funds were granted |
| **Healthcare** | **Local hospitals & healthcare institutions**  Improve healthcare in the community by providing program stability and capacity building for key community agencies, and through support of related projects and programs. This includes, but is not limited to:   * Supporting local hospitals to improve quality and accessibility of health services * Increase of quality mental health services, especially for children and families | * Increase in quality affordable health services |
| **Healthcare Access & Education**   * Healthcare education, especially for children and families * Supporting preventative and proactive wellness initiatives | * Improved access to quality healthcare * Health and wellness education and prevention services |
| **Education** | **Scholarships**  Reduce post-secondary schooling costs and support local students to advance their education who may not normally be able to afford it. | * Provide scholarships for first generation/low-income students * Scholarships for students in STEM education emphasis |
| **Talent Development and Job Readiness**  Ensure local access to programs supporting development of necessary skills, exposure to career paths, motivation and confidence to be successful   * K-12 Education access * Job skills and employability * Career exposure * Literacy * Social development | * Improved high school graduation rates, employment rates, advanced education * Lower Asset Limited Income Constrained Employed (ALICE) levels * Increase access to skilled trades education * Development of healthy social and emotional skills in children and adolescence |
| **STEM Education**   * Advancing STEM curriculum and resources in the classroom * Encourage interest and engagement in STEM related careers | * Increase rates of STEM success and advanced schooling |
| **Community Well-Being** | **Supporting the Underserved**   * Ensure access to basic human necessities such as * Food and Housing * Safety and Security * End of life support * Promoting economic vitality * Access to needed services | * Increased access to essential needs for the underserved/vulnerable populations (kids, elderly, special needs, economically disadvantaged) |
| **Product Support and Disaster Relief**  Leverage Perrigo’s wide array of healthcare products to satisfy needs and promote quality of life, both locally and globally. | * Disaster relief * Local food banks and relief efforts |

Date of Application Click or tap here to enter text.

Legal name of organization Click or tap here to enter text.

(same as listed on IRS determination letter)

Project Name Click or tap here to enter text.

Purpose of the request (one sentence) Click or tap here to enter text.

Dates of the Project Click or tap here to enter text.

Amount Requested $Click or tap here to enter text. Total Program Cost $Click or tap here to enter text.

(Amount requested should not equal 100% of Total Program Cost)

Program Category:  Healthcare  Education  Community Well-Being

(Please see Grantmaking Framework for further details on Program Categories)

Geographic Area Served:

Allegan County (MI)  Bronx County (NY)  Franklin County (VT)

Kent County (MI)  Miami County (OH)  Orange County (VA)

Ottawa County (MI)  City of Charlottesville(VA)

Other (near the listed primary locations listed above), specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Operating Budget: Click or tap here to enter text.

Executive Director Click or tap here to enter text.

Phone number Click or tap here to enter text.

Contact person/title/phone number (if different from executive director) Click or tap here to enter text.

E-mail Address Click or tap here to enter text.

Address of organization Click or tap here to enter text.

List any previous support in the last 5 years Click or tap here to enter text.

Describe current Perrigo employee involvement with the organization Click or tap here to enter text.

Signature, Executive Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You must include a copy of your 501(c)(3) IRS Determination Letter.**

Email completed application to [perrigofoundation@perrigo.com](mailto:perrigofoundation@perrigo.com)

**Please provide the following information in the order listed.**

1. Description of Project/Program: Describe the program and its objectives. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve.
2. Need: Substantiate the need for the program. Describe the geographical area(s) and specific population or communities impacted by the project. Explain the community issue that this funding will benefit or address. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what efforts will be made to work cooperatively.
3. Population Served: Describe the population(s) primarily served by this program including the approximate number of people served. Share any known demographics of the primary populations served, if available, such a Black/African American, Latino/a/x, LGBTQ+, Veterans, People with Disabilities, gender identities, etc. How are members of your target population involved in defining the problem and planning the program?
4. Diversity statement: Provide the requesting organization’s statement or position on the topic of diversity, equity, and inclusion, if available. Describe the population(s) primarily served by this program including the approximate number of people served. Share any known demographics of the primary populations served, if available, such a Black/African American, Latino/a/x, LGBTQ+, Veterans, People with Disabilities, gender identities, etc.. How are members of your target population involved in defining the problem and planning the program?
5. Evaluation: Describe the evaluation plan and methodology to monitor and evaluate the outcomes or impact of the project. Specify measurable outcomes to be achieved and the timeline. Briefly explain past program results. Description of how information about the project and its results will be publicized or disseminated (e.g. publications, presentations, website).

1. Budget: Use the attached Project/Program Budget Format. Please include information to explain and justify all expense items funding is requested for. In the event we are unable to meet your full request, please indicate priority items in the proposed grant.

1. Other Sources of Funding: List amounts requested of other foundations, corporations, and other funding sources for this same project or program.

**GRANT BUDGET FORMAT**

Below is a listing of standard budget items. Please provide the program/project budget in this format for which you are applying for.

A. Organizational fiscal year: Click or tap here to enter text.

B. Time period this budget covers: Click or tap here to enter text.

C. **PROJECT Expenses:**

|  |  |  |
| --- | --- | --- |
|  | Amount requested | Total project expenses |
| Salaries | $ | $ |
| Consultants and Professional Fees | $ | $ |
| Insurance | $ | $ |
| Travel | $ | $ |
| Equipment | $ | $ |
| Supplies | $ | $ |
| Printing and Copying | $ | $ |
| Telephone and Fax | $ | $ |
| Postage and Delivery | $ | $ |
| Rent | $ | $ |
| Utilities | $ | $ |
| Maintenance | $ | $ |
| Evaluation | $ | $ |
| Marketing | $ | $ |
| Other (specify) | $ | $ |
| **Total Column Amounts** | **$** | **$** |

D. **PROJECT Revenue:**

|  |  |  |
| --- | --- | --- |
|  | Committed | Pending |
| Grants/Contracts/Contributions | $ | $ |
| Local Government | $ | $ |
| State Government | $ | $ |
| Federal Government | $ | $ |
| Foundations (itemize) | $ | $ |
| Corporations (itemize) | $ | $ |
| Individuals | $ | $ |
| Earned Income | $ | $ |
| Events | $ | $ |
| Publications and Products | $ | $ |
| Membership Income | $ | $ |
| In-Kind Support | $ | $ |
| Other (specify) | $ | $ |
| **Total Revenue** | **$** | **$** |

**In the event we are unable to meet your full request, please indicate \* priority items.**

**Reporting Requirements**

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| **Grant Report and Follow-up** |
| Upon accepting a grant award, the recipient organization agrees to use the funds in the manner and for the purpose(s) for which the grant is issued or approved. The recipient/grantee will be asked to provide an annual progress report within 12 months following the grant award for any award of $10,000 or more (grant reporting under $10,000 is encouraged but optional).   * Perrigo Company and the Perrigo Company Charitable Foundation would like to learn about the impact of your work. We want to learn how our grants are making a difference in our communities, and we want to help you share your story with a broader audience. * Your feedback also is valuable in helping us measure the effectiveness of our grant process. |
| **Preparing the Annual Progress Report**  Your annual progress report should provide your honest thoughts on the following topics:   * Describe program/project accomplishments compared to the description and anticipated outcomes included in your original grant application. * Outline the short-term results and the longer-term potential of the project, program or work for which funds were granted. * Tell us how this grant benefitted a specific client, member or other beneficiary of your services. * We are just as interested in what did not work as what did. While we understand the wish to focus on the successes, we also respect the candor and insight involved in sharing lessons learned. |
| **Sharing Your Story**  In addition to completing your progress report, we hope you will also share your story publicly so that others can get to know your organization. We will use these stories throughout our social media sites and various publications to honor the great work that you make possible with the Foundation’s support.   * Provide the name and contact information for a person at your organization we can partner with related to communications. * Include photos related to the funding/project, including the names of anyone who could be identified in a caption. * Can the Perrigo Company Charitable Foundation share information in your progress report with our employees and/or use in social media or publications?  Yes  No |
| **Submitting Your Report**  Please email completed report and attachments to [perrigofoundation@perrigo.com](mailto:perrigofoundation@perrigo.com)  Questions? Email[perrigofoundation@perrigo.com](mailto:perrigofoundation@perrigo.com)or call 269-686-1840. |