

DAVIS FAMILY FOUNDATION
MEDICAL

Objectives and Submission Guidelines

Medical Organizations: Hospitals, clinics, and medical research organizations. (Trustees will consider requests from other *similar* health organizations for programs designed to increase the effectiveness or decrease the cost of medical care.)

Eligibility: The Foundation accepts applications only from medical organizations that are tax-exempt under Section 501(c)(3) of the IRS code and not private foundations under Section 509(a) of the code. The Foundation has a 509(a)(3) foundation status and is prohibited from making grants to other 509(a)(3) organizations. The Foundation will need evidence of the applicant's 501(c)(3) and 509(a) status for its files. In the case of fiscal sponsorships, additional information is required and the applicant should contact the Foundation office for further discussion.

Geographic Priorities: 1. Southern Maine; 2. Other parts of Maine; 3. Other parts of New England are a low priority

Exclusions: The Foundation does not make grants to individuals, religious programs or fellowships. The Foundation does not normally provide support for annual giving campaigns or general operating needs (including ongoing salary). Grants to endowment campaigns have a low priority. Unless there are compelling reasons to do so, the Foundation does not award multiple-year grants. *Organizations that receive a grant are required to wait 24 months from the deadline date before submitting subsequent requests. In addition, declined applicants should not submit a request for the same project within 12 months from the deadline date.*

Submissions Deadlines: Applications must be received **in the office by 4:30 p.m.** on February 10, May 10, August 10, or November 10. Trustees meet in March, June, September, and December to consider requests. Applications for deadlines that fall on a holiday or weekend must be received by the next business day. **The Foundation does not accept applications via e-mail.** Proposals are judged on their merits and in comparison to others received. The Foundation normally notifies applicants of the Trustees' decision within one week of each regular meeting and applicants receiving grants may expect to receive payment within a month of notification. Organizations that receive grants from the Foundation are required to submit completion reports.

Submission Requirements: One copy only, single-sided, no staples and please **NUMBER and ORDER** each response to the requirements listed below. Failure to do so will cause your application to be rejected. If you have questions, please visit the website's Frequently Asked Questions page before contacting the program officer.

***Incomplete applications will not be accepted.**

- 1. Grant application form (completed and signed by an authorized representative of applicant's Board of Directors).
- 2. Current IRS determination letter(s) clarifying applicant's 501(c)(3) and 509(a) status.
- 3. Current list of Directors/Trustees and Officers of applicant.
- 4. Your organization's official mission statement and an explanation as to the primary purpose of your **organization** (not to exceed one page).
- 5. Project budget: financial income and expense details of the project.
- 6. Additional funding for this project: list source, amount, and status (received, committed and/or requested to date).
- 7. Brief summary of the project (not to exceed one page).
- 8. Responses to all the questions on page three of the guidelines (not to exceed one page).
- 9. Most recent audited financial statements if available (or a review or compilation) including an explanation of any losses. (may be double sided). If unavailable, the most recent Form 990 is acceptable.
- 10. Balance Sheet (Assets and Liabilities) and Income Statement (Profit and Loss) for the most recently completed fiscal year including an explanation of any losses.
- 11. Operating budget for the current fiscal year.
- 12. Photos for building campaigns or renovations.

Attachments: If you include any supplemental material in addition to the required information, please send 8 copies.

Please direct inquiries, letters and grant requests to:

DAVIS FAMILY FOUNDATION
Attn: Katie Paye, Program Officer
30 Forest Falls Drive, Suite 5 - Yarmouth, Maine 04096
Tel: (207) 846-9132, Ext. 13 www.davisfoundations.org

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Grant Application Form

Organization Name _____
Mailing Address _____
City, State and Zip _____
Telephone Number _____ IRS Tax ID Number _____
Email Address _____ Website Address _____
Contact Person _____ Title _____

Title or Name of Project _____

Financial Assistance Requested by this Application _____ Total Project Budget _____

In the space below, briefly describe your project. (2-3 sentences)

Geographic Area Served _____ Number of People Served _____

What is your deadline for a response to this request? _____

The applicant hereby gives assurance that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
2. Funds received under this application will be used only for the specific project shown, and a completion report will be submitted to the Foundation.
3. The filing of this request has been authorized by the Board of Directors of the applicant.
4. The requesting organization is currently recognized by the IRS as a tax-exempt, **501(c)(3)** and does not have an IRS 509 (a)(3) **or private** foundation status.
5. In the case of a grant award, the applicant agrees to indemnify, defend and hold harmless the Davis Family Foundation and its agents and employees from any liability, loss, cost, injury, damage or other expense that may be incurred by the applicant or claimed by any third person against it as a result of funding the applicant's project or any action or non-action taken in connection with the applicant's project.

I attest that information contained in this application and in any attachments made as part of this application are true and correct to the best of my knowledge.

Signature of Authorized Representative of the Board

Date

Print Name and Title of Authorized Representative of the Board

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Questions

In addition to the General Application Form and Submission Guidelines, please answer **ALL** the following questions (not to exceed one page). Please respond “not applicable” if the question does not pertain to your organization or project.

1. a) What are the desired, specific outcomes of the project? b) How will you monitor progress of the project and what criteria will be used for measuring effectiveness?
2. Please provide evidence-based documentation that the project will increase the effectiveness or lower the cost of health care.
3. If successful, what are your plans for long-term sustainability?
4. The Foundation does not normally support general operating and/or administrative expenses (including ongoing salaries), endowments, annual giving campaigns, or multi-year grants.
 - a) If your project **must** include these expenses, please provide an explanation.
 - b) In the case of a multi-year project, please provide a timeline of action steps and benchmarks.
5. a) Is this a pilot program or has it been tried elsewhere? b) If so, where and what results have been documented?

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