

**Davis Family Foundation Online Questions Preview – MEDICAL APPLICATION**

**\*\*All requests must be submitted through the online application accessed through the Foundation’s website. We recommend using this document to work, and cutting and pasting your answers into the application. \*\***

**Organization Information**

\*Organization Name:

\*Address:

\*City:

\*State:

\*Zip:

\*Phone:

\*Tax ID:

Website:

\*Organization Annual Budget - For current fiscal year:

\*Year Established:

\*Board Approved Mission Statement:

*100 word limit*

\*What is the primary purpose of your organization?

*100 word limit*

Is your organization using a fiscal sponsor? Check Box for Yes

*In case of Fiscal Sponsorship, contact the Program Officer for discussion and additional requirements before submitting your application.*

Fiscal Sponsor Organization Name:

**Contact Information**

Organization Primary Contact (Executive Director, President, Board President etc.):

\*Prefix:

\*First Name:

\*Last Name:

\*Title:

\*E-mail:

\*Office Phone:

Proposal Primary Contact:

\*Prefix:

\*First Name:

\*Last Name:

\*Title:

\*E-mail:

\*Office Phone:

\* required fields. You will not be able to submit your application without providing this information

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**Proposal Information**

\*Grant Request Amount:

\*Total Project Budget:

\*Project Estimated Start Date:

\*Project Estimated End Date:

\*Title or Name of Project *15 word limit*

\*Brief Project Summary *50 word limit*

\*Project Description *500 word limit*

\*List 1-3 expected results of your project. If awarded, you will be asked to report of these results. *150 word limit*

\*How will you monitor progress of the project and what criteria will be used for measuring effectiveness? *150 word limit*

\*Geographic Area Served by the Project *50 word limit*

\*Number of People Served:

\*Explanation of Number of People Served *50 word limit*

\*Please provide evidence-based documentation that the project will increase the effectiveness or lower the cost of health care. If available, attach document in the "brief supplemental material" field on the next page. *150 word limit*

\*Is this a pilot program or has it been tried elsewhere? If so, where and what results have been documented? *150 word limit*

\*The Foundation does not normally support general operating and/or administrative expenses (including ongoing salaries), endowments, annual giving campaigns, or multi-year grants. If your project must include these expenses, please provide an explanation. *100 word limit*

\*Is this project part of a larger initiative? If so, provide a timeline of action steps and benchmarks. *100 word limit*

\* What are your plans for long term sustainability of both the project and the organizations? *150 word limit*

***For Building and Renovation Projects Only:***

Who owns the building? *20 word limit*

Is the building listed on the National Register of Historic Places? *20 word limit*

\* required fields. You will not be able to submit your application without providing this information

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Are you using renovation techniques and materials to preserve historical integrity? Have you consulted an historic renovation professional? *100 word limit*

Please outline all planned or anticipated renovation phases, including the timeline and cost estimates. *100 word limit*

**Attachments**

When possible, please limit to 1 page. The maximum file size per attachment is 1GB. All major file types are accepted including Microsoft Word (.doc .docx) Excel (.xls, .xlsx) Adobe PDF (.pdf) Images (.jpeg, .png) etc.

- \*1. Current IRS determination letter clarifying applicant's 501(c)(3) and 509(a) status.
- \*2. Current list of Directors/Trustees and Officers of applicant. Please include name, town of residence, and affiliation.
- \*3. Project budget: financial income and expense details of the project. Please include detail of additional funding for this project: list source, amount, and status (received, committed and/or requested to date).
- 4. Most recent audited financial statements if available (or a review or compilation). If your organization does not have an audit, submit the most recent Form 990. If your organization does not have an audit or 990, please explain in the "additional information" field below. Explain any significant losses in the field below
- \*5. Balance Sheet (assets and liabilities) for the most recently completed fiscal year. Please explain any significant losses in the below field.
- \*6. Income Statement (profit and loss) for the most recently completed fiscal year. Please explain any significant losses in the below field.
- \*7. Operating budget for the current fiscal year.
- 8. Photos for building campaigns or renovations
- 9. Brief supplemental material regarding the project in addition to the required information. Please do not include general organization newsletters, annual reports, etc.

**Additional Information Regarding Attachments**

Explanation of any significant losses in 4, 5, and/or 6. *200 word limit*

Additional information regarding uploaded documents. *100 word limit*

*Questions? Please contact:*

*Program Officer, Katie Paye (207) 846-9132 x13 or [kpaye@davisfoundations.org](mailto:kpaye@davisfoundations.org)  
Grants Associate, Lisa Smith (207) 846-9132 x16 or [lsmith@davisfoundations.org](mailto:lsmith@davisfoundations.org)*

\* required fields. You will not be able to submit your application without providing this information