

Davis Family Foundation Online Questions Preview – MEDICAL

This document is meant to be used as a worksheet – no need to complete everything. You may draft your responses, then copy and paste into the portal application. All grant requests must be submitted through the online portal, which can be accessed on the Foundation’s website.

APPLICATION PREVIEW – MEDICAL

Last update: March 2023

Preview of Introduction that will pop up after you log in



Hello _____,

Welcome to the Davis Family Foundation's application.

Before you begin, please confirm that you have reviewed our guidelines and processes on our website, which have been recently updated. Go to our website and use the menus to confirm that you have reviewed, in entirety:

- Organization Eligibility
- Project Eligibility
- Application Instructions (including preview docs and tips from trustees)
- FAQs

Additional questions around organization and project specifics can be directed to the Grants Manager.

Additional questions around your organization's records, Grantee Portal, or other administrative areas, can be directed to the Grants Associate.

Contact information is [here](#).

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

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Instructions

- Read through all the questions and review what attachments will be required prior to starting the application.
- When pasting from an outside document, formatting will disappear when brought into our system for review.
- Navigate by clicking on the page title tabs at the right side of your screen.
- Fields with a red * are required.
- Your work will save every 7 seconds.
- You will have the opportunity to review your completed application on the final page. Click the SUBMIT button to send your completed application to the Foundation.
- You will receive an email confirmation, and may receive follow up during the review period. Check your SPAM.

APPLICATION

Required fields are marked with an asterisk *.

Organization Details

*Organization Name:

Fiscal Sponsor Organization Name, if applicable

*If you are using a fiscal sponsor, please contact the Grants Manager **before** applying for additional requirements.*

Organization Mailing Address

*Country:

*Address:

*City:

*State:

*Zip:

*Organization Phone:

*Organization Website:

*Year Established:

*Tax ID:

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Annual Budget

Please enter your total expenses for your current ongoing fiscal year. This should match the expenses in your current year organizational budget (required document that you will upload in the Attachments section).

*End date of your current fiscal year (calendar field)

*Budget Summary / Expenses:

*Organization Mission Statement

50 word limit. This should be the mission statement from your legal and tax documents. Please do not include language customized for website marketing or for our review.

Organization and Project Contacts

Organization Primary Contact (Executive Director, President, Board President etc.), approved by board to receive a grant decision letter and check:

*Prefix:

*First Name:

*Last Name:

*Title:

*E-mail:

*Office Phone:

Proposal Primary Contact.

This is the person we will contact with questions about the proposal.

We will also send you a copy of the grant decision letter, and will assign you to the online grant completion report at the conclusion of the grant term. If the completion report contact should be different, please type in the correct contact in “Additional Information” on the Attachments page.

*Prefix:

*First Name:

*Last Name:

*Title:

*E-mail:

*Office Phone:

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Project Details

*Select your organization’s primary purpose as defined in your mission. If you are unsure which to select, contact us to confirm eligibility before you begin. Different questions will appear per category.

MEDICAL

*Title or Name of Project *15 word limit*

*Requested Amount:

*Project Budget (The total expenses of the project):

*Project Estimated Start Date:

*Project Estimated End Date:

*Brief Project Summary *50 word limit. Suggested format is “We seek funding to...”*

*In addition to prohibited expenses identified on our website, we typically do not fund the following. If your proposal includes any of these, please explain. Write N/A if non applicable.

- Requests similar/repetitive to your past requests
- General operating requests
- Percentage of overhead including but not limited to general and administrative (G/A), rent, management salaries. All costs should be project or program specific.
- Shortfalls
- Multi-year grants
- Scholarships
- Endowments

100 word limit. Applications with discouraged expenses are less likely to receive funding. Our website and staff are available for questions.

*List up to three expected results that you could recap in a post-grant completion report. 150 word limit. Ideal results statements are SMART: Specific, Measurable, Achievable, Relevant, Timely. Where quantifying, please supply current and target data as concrete figures. Avoid vague descriptors and percentages.

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*Project execution: summarize the action steps needed to achieve the above measurable results. *400 word limit.*

Please:

- *Keep the focus on your grant project. Background supplements can be uploaded at the end of the application. We will visit your website if we are interested in learning more.*
- *Check that your project budget attachment supports your action steps.*

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

*Number of People Served:

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

*What are the other sources of income for this project, and if you don’t receive full funding, how will this project be affected? *150 word limit*

If the goal is for this to be an ongoing program or service, is there a plan to make it self sustaining? *150 word limit. Answer only if applicable.*

* Are you a hospital, clinic, or research institution? **Dropdown menu, you will pick Yes or No** If **yes**, we consider you to be an institutional prospective partner. The following two questions will be optional in the application. If **no**, the form will require you to complete the following two questions.

Medical Question 1: How does the project increase the effectiveness of health care? *150 word limit. Please support statements with data and include how licensed clinicians will be involved in project design and implementation.*

Medical Question 2: Please provide literature, outcomes statistics, or references to previous work or research that supports your project. *150 word limit. If necessary, concise research documents can be uploaded in the “attachments” tab. Please explain any such attachments below.*

*Is this a building or renovation project?

Dropdown menu, you will pick YES or NO.

If you pick YES, the following 4 questions will appear.

1. Who owns the building? *20 word limit*
2. Is the building listed on the National Register of Historic Places? *20 word limit*
3. Are you using renovation techniques and materials to preserve historical integrity? Have you consulted an historic renovation professional? *100 word limit*
4. Please outline all planned or anticipated renovation phases, including the timeline and cost estimates. *100 word limit*

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Attachments

The maximum file size per attachment is 80MB. All major files types are accepted including Microsoft Word (.doc .docx) Excel (.xls, .xlsx) Adobe PDF (.pdf) Images (.jpeg, .png) etc. No text or .pages documents please. Please consider legibility and printing. We should be able to read all font on an 8 x 11 page (both portrait and landscape are fine).

- *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. Detailed project budget: financial income and expense details of the project. Please verify that your total expenses match the Project Budget field that you completed in the Project Details section.

Please include detail of additional funding for this project: list source, amount, and status (received, committed and/or requested to date).

- *4. Financials of most recently completed fiscal year

Please provide us with EITHER A or B.

A.: One file; an audit (or audit review) for your most recent fiscal year (if due to your filing schedule you do not have the most recent, please provide option B)

B. Three files: your most recent 990 or audit, and your most recent FY balance sheet, and your most recent income statement

Field will allow you to upload or drag&drop one or multiple files

- *5. Operating budget.

Please attach the budget for the current fiscal year.

Field will allow you to upload one file.

- *6. Please explain significant losses in any financial docs or budgets you are submitting. Write NA if there is no significant loss.

- 7. Photos for building campaigns or renovations

- 8. Supplemental Attachment(s)

Optional space to provide any supplemental material regarding the project. For Education and Medical applicants, this is the field to upload evidence and research.

Please do not include general organization newsletters, annual reports, etc.

- 9. Additional information regarding uploaded documents or application questions

Optional field to be used for:

Identifying a Completion Report contact, if not your organizational leader or proposal submitter.

Please write, “Completion Report name, title, email _____”

If any of your financials show a significant loss, please explain here.

If you are accredited, please detail that here.

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Signature Page

The applicant hereby gives assurance that:

- **The filing of this request has been authorized by the Board of Directors of the applicant.**
- The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
- Funds received under this application will be used only for the specific project shown, and a completion report will be submitted to the Foundation.
- The requesting organization is currently recognized by the IRS as a tax-exempt, 501(c)(3) non-profit organization and does not have an IRS 509 (a)(3) or private foundation status.
- 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.

<checkbox>

By checking this box, 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.

Questions? Please contact:

Grants Manager, Stefanie Millette (207) 846-9132 x13 or smillette@davisfoundations.org

Grants Associate, Suzanne Muir (207) 846-9132 x16 or smuir@davisfoundations.org

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