Brees Dream Foundation Contribution Application

Instructions
The Brees Dream Foundation is committed to advancing research in the fight against cancer and providing care, education and opportunities for children in need.

To apply for a contribution from the Brees Dream Foundation, please answer the following questions as completely as possible. If you are unsure how to answer a question, or if a question does not apply to your organization, please so indicate in the space provided. Please do not attach any additional documentation to this application unless otherwise requested herein.

Completed applications may be sent to the following address:

The Brees Dream Foundation
c/o Maggie Susac
1155 Camino Del Mar #544
Del Mar, CA 92014

Upon receipt of your completed application, we will review and make a determination as to whether or not we are able to approve your request. Please know that we are unfortunately unable to approve all requests, but that we will contact you as to the status of your application as soon as reasonably possible.

Thank you in advance for your application.
Organization Name:

Organizational Status

1. Can you provide an IRS Determination Letter that identifies you as a 501(c)(3) eligible for tax-deductible contributions? ________________________________
   _______________________________________________________________
   _______________________________________________________________

2. When did you receive your letter of determination from the IRS? _________
   ___________________________________________________________________

3. Is that status current? ________________________________________________

4. What is your date of incorporation? ____________________________________

5. When did you first start providing services? ____________________________

6. Has your organization ever had its nonprofit status revoked for any reason?
   a. If so, please explain the circumstances: ______________________________
      _______________________________________________________________
      _______________________________________________________________
      _______________________________________________________________

Organizational Focus

7. Please state your current Mission Statement: _____________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

8. What is the age range of the individuals served by your organization or program?
   ___________________________________________________________________
   _______________________________________________________________

9. What geographical areas are served by your program(s)? ________________
   _______________________________________________________________
   _______________________________________________________________
10. Do you provide services regardless of gender, race, ethnicity or religion?

a. If “no”, please explain any relevant restrictions:

11. If applicable, please briefly describe your organization’s current programs or campaigns and provide examples of successes from those programs:

Proposed Project Description and Impact

12. Briefly describe the program(s) for which you are seeking funding:

13. Is the requested funding a one-time request or ongoing in nature? **How much funding is your program requesting?** (Please describe the timeline of the program(s)):

14. Have you prepared a detailed budget for the program?  

15. What performance indicators, metrics or tools have you established to benchmark the success of your program and to measure the results? 
___________________________________________
___________________________________________
___________________________________________

16. Will you share both your program’s results and specific examples of its impact on an accurate, timely and complete basis? __________________________

17. Specific to the program, please identify any other existing funding sources, past or present, including those who are being solicited for funding: ________
___________________________________________
___________________________________________
___________________________________________

Accountability

18. May the Brees Dream Foundation and/or its designees make unannounced visits and observe your programs? __________________________
   a. Please list restrictions, if any: __________________________
      __________________________

19. Are the methods you use in your program open to peer review and are they widely accepted in your industry as successful? __________________________

20. Please list any individuals you have worked with who we may contact as references: __________________________
    __________________________
    __________________________

21. If you are approved for funding from the Brees Dream Foundation, will you provide us with budget updates and an accurate, timely and full accounting of how our contributions have been used, including supporting documentation? __________________________

Governance Policies and Practices

22. Number of full-time employees: __________________________
23. Number of part-time employees: ________________________________

24. Top three (3) highest paid employees/salary:
   a. Name/Title: ___________________ Annual Salary: $ ____________
   b. Name/Title: ___________________ Annual Salary: $ ____________
   c. Name/Title: ___________________ Annual Salary: $ ____________

25. Is the current CEO or Executive Director also founder of your organization? ________________________________

26. Please provide names, contact information and company affiliations for your Governing Board:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

27. How many times per year does your Governing Board meet? __________

28. Do you provide material compensation for any board members? _________

29. As part of the vetting process, may we speak with members of your board? ________________________________

30. If applicable, please provide a list of the volunteer organizations, major contractors and/or service providers with which your organization does business:
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________

Financial Efficiency and Accounting Measures

31. Are your financial records reviewed annually by an independent certified public accountant?
   a. Please identify your firm: ________________________________

32. Will you allow us to review your Tax Forms and audited financial statements for the last 3 years? ________________________________
33. Do you spend at least 65% of your total expenses on program activities and no more than 35% of related contributions on fundraising? ______________
What are your percentages? ________________________________

Project Information

Please provide the contact information for the individual responsible for the project.

Name: ___________________________ Email: ________________________________
Address: __________________________________________________________________
Telephone: _______________________ Fax: _________________________________