



## **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: \_\_\_\_\_