



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 Chris Stuart
703 Palomar Airport Road, Suite 200
Carlsbad, CA 92011

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? (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: _____