

NEBRASKA MEDICAL FOUNDATION, INC.

REQUEST FOR PROPOSALS

Mission Statement

The mission of the Nebraska Medical Foundation (NMF) is to raise and manage the funds necessary to support the following activities:

1. Award scholarships to deserving medical students and allied health students.
2. Promote the wellness and health of the citizens of the State of Nebraska.
3. Provide education on medical subjects to the citizens of the State of Nebraska.
4. Fund research projects as deemed consistent with the purpose of the Foundation.
5. Other activities that fall within the allowable activities of a 501©3 Foundation.

The Nebraska Medical Foundation, Inc., is an endowed fund established through the Nebraska Medical Association.

Eligibility

Eligible applicants are those defined as tax exempt by Section 501(c) 3 of the Internal Revenue Code and also provide service in Nebraska. The organization's Board of Directors must approve all applications. In addition, priority funding will be given to proposals that:

- Respond to a demonstrated or emerging community health need.
- Support effective, proven or promising solutions.
- Build upon and maximize other community resources.
- Provides matching funds to support the project
- Offer a clear plan for financial sustainability.

Requirements

1. Only complete applications, with all questions answered, will be forwarded to the Board of Directors. No hand written or faxed proposals will be accepted. Please submit one original and 12 copies.
2. All proposals must include an application cover sheet, program narrative and budget summary. Program narrative may not exceed four pages with a font size no smaller than 12-point. Please remember proposals will be copied for distribution to the Board and any graphics should copy well.

Application timeline

To be submitted by May 1 of every year. (This is flexible for the MAP Program Requests)

NEBRASKA MEDICAL FOUNDATION, INC. REQUEST FOR PROPOSALS

Grant requests should be sent to:

Amy Reynoldson
Nebraska Medical Foundation, Inc.
233 So. 13th Street, Suite 1200
Lincoln, Nebraska 68508-2091
(402) 474-4472 or
E-mail: amyr@nebmed.org

Restrictions

The Nebraska Medical Foundation, Inc. does not make grants that are in support of individuals; for political campaigns or lobbying efforts or for new small businesses established for personal gain or profit; to support annual fund drives, capital campaigns, to fund an agency's deficit or endowment or for the direct support of religious activities. Secular activities provided by religious organizations may be eligible for grant funds. None of the funds are to be used for current salary support or overhead. Grant funds may be used to support project staff salaries, consultants, data processing, supplies, and other direct expenses, including equipment essential to the proposed project.

Grants are to be submitted for a one-year cycle only, but may be resubmitted for additional annual support for a maximum of three years.

Cover Sheet Information (please list separately on the first page of the application)

Name of agency:

Title of program proposed:

Address of agency: (include zip code)

Contact person:

Phone number for contact person:

E-Mail address for contact person: (if applicable)

Name of Sponsoring Physician:

Amount of funds requested and use of funds:

Number of people served if fund awarded:

Program summary: (limit to one paragraph)

Date of last audit _____

Were any problems identified? _____ Yes _____ No

Do you have an endowment or trust fund? _____ Yes _____ No

If yes, approximate value of the endowment/trust fund _____

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Program Narrative

1. Description of the health need/problem to be addressed.
2. Explain what your goals and objectives are to address the health need/problem. Be specific and clarify proposed activities. Explain how this is a proven or promising approach?
3. Is this a new project or an existing project? If existing, how many years in operation and specifically how will the money be used?
4. Please submit the timeline and process for the project.
5. Describe the expected results of this approach.
6. Outline your organizational capacity to implement the proposed program. In addition, explain what relationships, if any, the organization has with agencies or projects that address similar needs/problems.
7. Make clear how the proposed activities will maximize community resources. Will these dollars leverage other dollars (matching dollars)? This section should include your funding plan for continuation once NMF funds have been expended.
8. Past efforts by your agency or other agencies to address these problems. If this is a continuation of an existing program describe the impact or results of prior efforts.
9. If appropriate, any disparities in outcomes for minority populations?
10. How will the project be evaluated?

Program Budget

In this section, describe how the requested grant funds will be used. Specify items and costs and round all figures to the nearest dollar. Include a description of income and expenses related to this project even if they exceed the amount requested from the Nebraska Medical Foundation, Inc. List all sources of each (income and expenses) for this program. The NMF does not allow greater than a 10% add-on for institutional overhead.

Checklist: These items must be included with your application.

- IRS 501(c)3 letter.
- Current annual agency budget with budget variances (income and expenses).*
- Most recent audited financial statements.
- List of current board of directors, their addresses, phone numbers, their professional affiliation and the role they serve (not to exceed two pages).
- May not exceed one page.

Notification

Applicants will be notified of the outcome of the RFP within three months of the submission of the request.

**NEBRASKA MEDICAL FOUNDATION, INC.
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**Nebraska Medical Foundation, Inc.
Format for the Evaluation Report***

Provide the information identified below in your response. Feel free to modify your answers to fit your program.

Agency or Association
Grant Amount
Contact Person:
Address:
Work Phone Number:
E-Mail address (if available):
Sponsoring Physician:

Program Questions:

1. What did your program hope to accomplish? Did you reach your goals? If not, what were your obstacles and what would have assisted you?
2. How did your services benefit your target population? Were there other unexpected groups that you reached as well? How many people or households were served by the program/activity?
3. Were there any unexpected successes or problems? What would you change or do differently?
4. Have you made any plans to continue the project or activity funded by this grant? If yes, briefly describe these plans.
5. Describe how the funds granted were spent in your project.

Return completed evaluation to:

Amy Reynoldson
Nebraska Medical Foundation, Inc.
233 So. 13th St., Ste. 1200
Lincoln, NE 68508-2091

Questions? Please contact Amy at (402) 474-4472 or amyr@nebmed.org

* Keep a copy of this report for your files. Any further grant proposals to the NMF in the next 3 years will require a copy of the evaluation.