



## REQUEST FOR PROPOSALS

### **Mission**

The Metro Omaha Medical Society Foundation identifies and provides support to community priorities where physician involvement can make a difference in improving the health of the metro Omaha community.

The Metro Omaha Medical Society Foundation is an endowed fund established through the Metro Omaha Medical Society.

### **Eligibility**

Eligible applicants are those defined as tax exempt by Section 501 (c) (3) of the Internal Revenue Code and also provide service in the Omaha metropolitan area. The organization's governing board 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 maximizes 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 grant committee. No hand written or faxed proposals will be accepted.
2. All proposals must include an application cover sheet, program narrative and budget summary. Program narrative may not exceed one page with a font size no smaller than 12-point. Please remember proposals will be copied for distribution to the grant committee and any graphics should copy well.
3. All evaluations from previously awarded grants must be submitted or the application will not be forwarded to the grant committee for consideration.
4. All proposals must be sponsored by a Physician member of the Metro Omaha Medical Society. A brief letter of support is encouraged.

### **Application timeline**

One completed copy is due by August 1, 2017

Grant requests should be emailed or mailed/delivered to: [cwang@omahamedical.com](mailto:cwang@omahamedical.com)

Metro Omaha Medical Society Foundation  
7906 Davenport Street  
Omaha, Nebraska 68114

### **Restrictions**

The Metro Omaha Medical Society Foundation 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 salary support or overhead/operating costs.**

**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:  
Email 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 \_\_\_\_\_

**Program Narrative**

1. Describe 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. Describe the expected results of this approach.
4. 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.
5. 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 MOMS Foundation funds have been expended.

**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 MOMS Foundation. List all sources of each (income and expenses) for this program.

**Checklist: These items must be included with your application.**

- IRS 501 (c)(3) letter (if applying for a MOMS Foundation grant for the first time).
- Current annual agency budget with budget variances (income and expenses) and program budget.\*
- Most recent audited financial statements.
- List of current board of directors and the role they serve (not to exceed two pages).
- If you have received funds from MOMS Foundation within the last three years, describe your organization’s most important achievements with the most recent grant award.\*  
You may include a copy of the evaluation from that grant in lieu of this item.

*\*May not exceed one page.*

**Release and permission to use name and information**

Submission of application and acceptance of grant, if awarded, serves as permission for the Metro Omaha Medical Society to use your program information in connection with advertising, publicity, promotion or other media purposes, which could include producing newspaper or magazine articles, television programs, videotape recordings, internet materials and other visual and/or audio recordings.