

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? _____