

Legal Name of Applicant Organization:			
Division Applying (if different):			
Organization Status: (hit space bar to check box)	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Other Public, Non-Profit Entity	
Organization Address:			
Organization Phone:		Fax:	
Primary Contact for Organization:			
Job Title:			
Phone:		Email:	

Project Title:				
Project Category: (hit space bar to check box)	<input type="checkbox"/> Project Grant	<input type="checkbox"/> Meeting Support	<input type="checkbox"/> Equipment	<input type="checkbox"/> Other
Amount Requested from MeHAF:		Total Overall Budget:		
Primary Contact for Project:				
Job Title:				
Phone:		Email:		

Project Start Date:		Project End Date:	
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Project Key Collaborators/Partners:	
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Project Abstract: (50 words or less)	
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Project Narrative:

The grant proposal must address the following four questions in a maximum of two pages (this section is referred to as the grant narrative).

1. What are the specific activities for which MeHAF funds are requested?
2. How do these activities advance the mission and strategic goals of the Foundation (see www.mehaf.org to find MeHAF's mission and strategic goals)?
3. How do these activities address the needs of MeHAF's primary target population, the uninsured and/or medically underserved?
4. Who are your collaborators and how will they contribute to the outlined activities?

Required Attachments:

Attach a project budget (use MeHAF's discretionary grant budget form available on the web). Applicants should complete the discretionary grant budget form as instructed below.

Explain by category how MeHAF funds will be expended in the "MeHAF Funds" column. List the financial and in-kind contributions from the applicant organization in the "Provided by Applicant" column. In addition, list financial and in-kind contributions from collaborating organizations and other funders in the "Provided by Other" column. The "Total Project Budget" column should reflect the total income and expenses for the project. MeHAF generally does not serve as the sole funder of any project; projects should have multiple sources of support.

Attach a copy of your final determination of 501(c)(3) status or equivalent letter from the IRS.

Grant applicants must be tax-exempt charitable organizations as described in the Internal Revenue Code section 501(c)(3), educational institutions, governmental entities or other public, non-profit entities. Individuals or organizations classified as private foundations under section 509(a) of the Code are not eligible for funding. Applicants need not be organizations based in Maine, but only projects directly impacting Maine will be funded.

The Foundation will not consider applications from organizations whose non-profit status is pending, nor from those requiring fiscal sponsorship. Such organizations are encouraged to form appropriate collaborations with eligible institutions.

Attach your organization's non-discrimination policy.

A statement of compliance with MeHAF's non-discrimination policy, which must verify that the organization does not discriminate on the basis of race, ethnicity, gender, sexual orientation, disability, national origin, political affiliation or religious belief. Please note that this is a more stringent standard than that currently required by the federal government.

Equipment Purchases

Discretionary grant applications requesting funding for an equipment purchase must include copies of three (3) competitive bids, indicating the bid you intend to select and why. If you can not attach three bids, please explain why.

Discretionary Grant Checklist:

Did you remember to include:

- Application Cover Sheet
- Application Narrative responding to each of the four defined areas
- Discretionary Grant Budget Form
- 501(c)(3) determination letter
- Copy of applicant's non-discrimination policy
- For equipment, copies of three (3) bids

Send Completed Application to:

Cathy Luce, Grants Associate
Maine Health Access Foundation
150 Capitol Street, Suite 4
Augusta, ME 04330