

# MEDARVA<sup>®</sup>

## FOUNDATION

### MEDARVA GRANT APPLICATION A Guideline for Applicants

#### PURPOSE

The MEDARVA Foundation funds grants principally for programs and to organizations that help with ACCESS TO CARE and targets improving the health of individuals and families.

#### DELIVERY

All Grant applications can be either e-mailed or mailed to:

E-mail Address: [grant@medarva.com](mailto:grant@medarva.com)

Attn: Debra Larkin

MEDARVA

8700 Stony Point Parkway, Suite 100

Richmond, VA 23235

#### CONSIDERATION

The MEDARVA Education and Outreach Committee will review all applications to determine eligibility under the MEDARVA Foundation's general policy and operating guidelines and to ensure that adequate information is available for consideration of the proposal.

All applicants receiving a grant must report in writing to the Grants coordinator, within six months of receipt of the grant, on the use of the funds and the status of the program.

#### CONTACT

If you have any questions or need something clarified, please contact:

Mary Jane Hogue

(804) 545-7052

[mhogue@medarva.com](mailto:mhogue@medarva.com)

Debra Larkin

(804) 775-4516

[dlarkin@stonypointsc.com](mailto:dlarkin@stonypointsc.com)

## THE ART OF MEDICINE

8700 Stony Point Parkway, Suite 100, Richmond, Virginia 23235 | (804) 545-7052 | [medarva.com](http://medarva.com)

MEDARVA HEALTHCARE | MEDARVA STONY POINT SURGERY CENTER | MEDARVA WEST CREEK SURGERY CENTER

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### MEDARVA GRANT APPLICATION

Please answer the following questions in your own format. Applicants may be asked further questions after review of the applications and/or during face-to-face interviews in either March or April 2018.

#### PROGRAM INFORMATION

- 1.) Name of organization
- 2.) Tax ID and 501(c)3 status
- 3.) Contact information for the organization
- 4.) Mission
- 5.) List your Board members
- 6.) What program are you requesting funds for?
- 7.) How is the money going to be used?
- 8.) What population will the program serve? Who will benefit from the program?
- 9.) How does it help ACCESS TO CARE? *Emphasize ACCCESS TO CARE*
- 10.) How will you evaluate success?
- 11.) What benchmarks will you use to measure success?
- 12.) How do you demonstrate the need for your proposed service?
- 13.) What partnership(s) do you have?
- 14.) How many prior recipients have you helped?

#### FINANCIAL INFORMATION

- 15.) When was the last check received from MEDARVA?
- 16.) What cycle did MEDARVA's funds cover? *Beginning date to ending date*
- 17.) What fiscal cycle is your proposal going to cover?
- 18.) What is the fiscal year for your organization?
- 19.) Please enclose your financials.
- 20.) Please include a detailed budget.
- 21.) How much do you bring in with fundraising?
- 22.) What are your other sources of funding?

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(804) 545-7052

[mhogue@medarva.com](mailto:mhogue@medarva.com)

Debra Larkin *Director of Physician Relations and Risk Manager*

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### MEDARVA GRANT PROGRESS REPORT

Please answer the following questions in your own format.

- 1.) Date
- 2.) Name of organization
- 3.) Contact information
- 4.) Program that received MEDARVA funds
- 5.) Grant amount awarded
- 6.) Fiscal year of program report
- 7.) Is the program/project on schedule?
- 8.) Amount of grant spent to date
- 9.) Any plans for changes in the program?
- 10.) Names of staff members and Board members directly involved with the program
- 11.) How many people have been engaged/impacted in the past six months?
- 12.) What has been the engagement level of the Board in this time frame?
- 13.) Has there been any collaboration with other partners or groups within this funding cycle?
- 14.) Is fundraising up or down?
- 15.) Share an impactful story that has happened because of the MEDARVA funds

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