

Health Decisions Resources: A program of ***Massachusetts Health Decisions***

Instructions for Applicants:

1. Please read the Funding Guidelines before starting your application.
2. If you have questions about this application, please contact ***Massachusetts Health Decisions*** at 781.784.1966 or email HDR@masshealthdecisions.org.
3. Please include the following with your complete application:
 - Copy of your 501(3)(3) determination letter from the IRS
 - Current IRS Form W-9
4. Please make sure to sign and date your application at the end. Email your completed application with attachments to: HDR@masshealthdecision.org

Organization name:

Mailing Address:

Website Address (if any):

Core activity or mission:

Name & contact information for Executive Director / CEO:

Name & contact information for CFO:

Person to be contacted regarding this application (name, title, phone, email):

Project or program name:

Project narrative - In no more than 2 attached pages, please address the following:

Briefly describe your project: What is the need? What is your goal? How will your project help reach that goal? To whom is the project/program directed? How many people will be involved?

How does your project align with the guidelines of Health Decisions Resources (see "What We Fund: Types of Projects / Program We Seek to Support")

How will your project be implemented, and by whom?

How will you know if your project or program is successful? What kind of evaluation

are you planning, if any?

Will you work with other organizations, agencies, or departments in developing and/or implementing your project or program? If yes, please describe.

Will your project or program be repeated? Could it be replicated (even with some changes) by another organization?

What is the overall budget of your project and what are the sources of funding?

Amount requested from Health Decisions Resources: _____ (If more than \$5000, please contact us first.)

If funded, how should we make the check payable? _____

To whom should we send the check (Name, title, & mailing address):

Application Agreement:

1. We accept the Funding Guidelines posted by MHD / Health Decisions Resources.
2. We acknowledge that our application is *not* a guarantee that Health Decisions Resources will fund our program or project in the amount we requested or in any amount at all. The number of grants and total dollars awarded will depend on the applications received and available resources.
3. If funded, our organization will use the funds to conduct the project or program as described in our application or as agreed to in subsequent modifications.
4. If funded, our organization will not use the funds in ways not permitted by the MHD / Health Decisions Resources grant program.
5. We will contact MHD / Health Decisions Resources promptly if we expect a significant change in the project or program that we described above.
6. If funded, our organization will provide a brief narrative and financial report at the conclusion of our project, as well as copies of any materials that we think would be useful to other funding applicants.
7. We will return any funds not used within a year from receipt.
8. We will display the name of 'Massachusetts Health Decisions' on all materials and publications, print or digital, produced as part of the funded project or program.
9. Our organization agrees that its name and a brief description of the funded project can be posted on the website of <masshealthdecisions.org> at 'Health Decisions Resources.'

SIGNED: _____ DATE: _____

TITLE / POSITION: _____