

The Catalyst Fund Application

Organization name:

Address:

Phone:

Website:

Executive Director/CEO:

Address (if different):

Phone:

Fax:

E-mail:

Primary Contact:

Address: (if different)

Phone:

Fax:

E-mail:

Organization's mission:

Only health care-focused requests from organizations that serve low-income residents are eligible for a Catalyst Fund capacity-building grant.

Is this your first application for a BCBSMA Foundation grant? _____ Yes _____ No

If you are a current BCBSMA Foundation grantee:

State the award amount: _____ Grant category: _____

Did you submit an Interim or Final Report? _____ Yes _____ No

Current Funding Request

Amount requested: _____ (not to exceed \$3,500)

Total organization budget: _____

If the applicant is not a current BCBSMA Foundation grantee or recent Foundation applicant, please attach the following information with this application:

- A brief statement of the organization's mission and current key programs;
- A current 501(c)(3) IRS tax status documentation letter. If you plan to use a fiscal agent, please attach a copy of that organization's IRS ruling, as well as a brief letter stating their commitment to receive the funds as the fiscal agent;
- A copy of the organization's current operating budget, showing planned and actual income and expenses year-to-date, as well as the organization's most recent year's financial statement.
- A list of the organization's board of directors.

Please use no more than two pages to respond to the following questions. The entire Catalyst Fund application should not exceed three pages, including the cover page. The required attachments for new applicants are not included in the three-page limit.

1. What is the opportunity or problem that leads you to request this grant?
2. How would the grant be used? **Please include a brief budget indicating the expenses to be covered by the grant.** (The Foundation will not consider applications that do not include a budget.)
3. How will the information/experience from the project/activity be used to strengthen the organization? What are the potential outcomes of the grant?
4. Please describe the population served by the organization, including estimates of the percentage that are uninsured and/or low income.