

The MVMA Foundation
Application Form

The MVMA Foundation was formed as a Type B not-for-profit corporation for charitable purposes. Our specific and primary purpose is to promote the health of individuals living within Schenectady, Saratoga, Fulton, Montgomery, Warren, Washington, Albany, Rensselaer and Schoharie counties. The MVMA Foundation shall fulfill this purpose by making distributions to charitable organizations that engage in the promotion of health within this area either by delivering health care services or by providing public education. The Foundation may only make contributions to tax-exempt 501 (c) (3) organizations that are not private foundations as defined in the Internal Revenue Code.

The MVMA Foundation's Board of Trustees will review all qualifying, complete applications in May and October. Decisions will be based on the merits of the intended programs.

Please complete the following:

Date of Request _____
Name of Organization _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____
Telephone _____ Fax _____

Please provide the following information in a written proposal, signed by an officer or director of the requesting organization:

Organization Information

- 501(c) (3) letter from the IRS
- Organization's mission statement and history
- Geographic area served by your organization
- List of board members and key staff
- List any MVMA employees or physicians involved with your organization
- Number of individuals that benefit from your organization each year
- List any special funding your organization receives
- Organization's overall fundraising goal this year

Project Information

- Name and detailed description of the project
- Is the project a new or existing program?
- What is the completion date?

- Total project budget – will there be funding from other sources?
- What is the total amount requested and how will this contribution be used?
- List businesses and/or community leaders involved with the project
- Why should The MVMA Foundation support the project?
- Describe how progress reports will be made.
- How will you promote your project and The MVMA Foundation’s involvement?

Please note: We require a follow up report from your organization within six months of any donation. Future requests are not automatic and reports are an important factor in future funding decisions.

Signature of Officer or Director

Print or type name _____
Title _____
Signature _____ Date _____

Mail completed application to:

*The MVMA Foundation
Attn: Richard B. Toll, MD
625 State Street, 1st Floor
Schenectady, NY 12305*