Boston Scientific Foundation EDUCATION Grant Application - 2017

This is a MOCK Application – All submissions must be received electronically. The Boston Scientific Foundation is currently migrating to a new on-line platform. The link to the on-line application will be accessible later in May, please check back throughout the month.

Education Applications are due August 15th.

This MOCK Application has all the questions that will appear in the electronic application.

Additional note: Prior to accessing the on-line application, all organizations are required to take an 'eligibility quiz' which will determine if your project fits the Foundation's guidelines. If your answers to these questions do not align with the published guidelines, the on-line application will not appear.

Foundation Funding Guidelines – EDUCATION

Our focus is to improve educational opportunities and academic development for those who are economically disadvantaged or otherwise at risk of not achieving their full potential. The Foundation has a particular interest in proposals which provide exposure and increased knowledge in the fields of Science, Technology, Engineering and Math (STEM) among K-12 students. All submissions must target the needs of underserved populations living within a 30 mile radius of these US geographies: Valencia, San Jose or Freemont CA - Spencer IN - Twin Cities MN – Marlborough, Quincy or Boston MA.

We require the following supporting documentation to be included with your online submission:

- The organization's most recent annual audit statement.
- The organization's general operating budget.
- A detailed budget for the program/project for which you are requesting support.

Application Questions/Requirements:

Organization Name Address Phone Website

Tax ID

Application Questions/Requirements (cont):

Annual Budget

Fiscal Year End Date

Organization Type (drop down menu will be presented)

Organization's Mission & Values

Background: Brief summary of your organization's mission and values. 150 word limit.

President and Board of Directors Listing

Enter each member (with title and affiliation) on a separate line.

Please enter the following information for your Executive Director or CEO.

First Name

Last Name

Title

Office Phone

E-mail

Please enter the following information for the contact for this request.

Same as Organization Primary Contact Yes/No If No:

First Name

Last Name

Title

Office Phone

E-mail

Proposal Information

Please indicate whether there is a Boston Scientific facility within 30 miles of where the project will take place. Choose a geography from drop-down menu: (See list of geographies above).

Name of program/initiative for which you are requesting support:

Requested Amount

Project Budget

What is entire budget amount for the program/project for which you are applying? Grant as % of program or initiative budget.

Enter number only. No % sign.

Grant as % of organization budget.

Brief description of program/initiative:

Please describe how the grant funds will be used. While an itemized budget is required as an attachment, describe broadly how an award would be used (program materials, license fees, staff, equipment etc.)

READ Carefully: Include allocation of funds (specific use of funds not just additional program descriptions), include objectives and implementation plans and a timeline.

Timeline:

Reporting to Foundation

What are the long-term goals of this program or initiative?

What impact would Boston Scientific Foundation support make towards long-term goals of this initiative?

How would a Boston Scientific Foundation grant advance the goals of this program or your organization?

How do you propose to evaluate the proposed initiative?

What are the potential outcomes, how will they be measured and what method of evaluation do you use?

How will the organization sustain the project or initiative after Boston Scientific Foundation support ends?

Please list your current major sources of funding.

If there are potential opportunities for volunteer involvement by interested Boston Scientific employees, please outline below.

If none, please enter "N/A".

Has your organization received any previous funding from Boston Scientific or its affiliates? If so, please indicate dates(s) and amount of contribution(s). If none, please enter "N/A".

Additional Program Information

Please select the nearest community that will be impacted by this program. (Drop Down Menu) Please select the primary population served by this program. (Drop Down Menu)

Please select the focus area that best describes your program. (Drop Down Menu)

Please select the primary age group impacted by your program. (Drop Down Menu)

Please select the primary ethnicity that will be impacted by your program. (Drop Down Menu)

Please select the primary gender that will be impacted by your program. (Drop Down Menu)

Please select how the Boston Scientific Foundation grant would be used. (Drop Down Menu)

Please indicate the number of individuals (to the best of your ability) that will be directly impacted by this program. (Enter number here)

I certify that my organization does not discriminate in who we serve or who we hire on the basis of race, religion, color, national origin, citizenship, gender, sexual identity, sexual expression, sexual orientation, veteran's status, age, mental or physical disability, genetic information or any other class protected by federal, state, or local law requiring equal opportunity. I also certify that the organization does not advocate, support, or practice activities that discriminate with regard to any of the aforementioned protected classes.

Select Yes/No

Describe need within the target population.

The Boston Scientific Foundation supports only those programs that serve people in need. Please describe the method OR data your organization uses to identify those at-risk or those most in need of the services you provide.

REMINDER: Submissions must be entered electronically in order to be considered. Check back later in May 2017 to see when the electronic application is accessible.