# HENRY E. NILES FOUNDATION

The following is a list of questions and attachments you will need in order to complete our Grant Application and Report Forms.

<u>application.</u> All answers must be completed in one session for submission. You may find it helpful to use this outline to help prepare your responses and save time by cutting/pasting from word to the online form. All applications must be submitted through the Foundation's website to be considered.

Applications are reviewed in the order they are received. The Foundation Board meets ten (10) times per year and will review up to thirty-five (35) applications per meeting.

Please be sure that all uploads are in PDF form and are legible when printed on standard, portrait oriented, letter-size paper. Also, please make sure your organization name and file name appear in a footer on each uploaded document.

#### **PART 1: Overview & Contact Information**

**Organization Name** 

Short project title (project/program you are applying for funding for)

**Requested Amount** 

Application History:

Are you a returning applicant?

If yes – date of your most recent application, status of prior application

If no - how did you learn about this Foundation?

**General & Contact Information** 

Organization's Tax ID (EIN)

Organization's Address - if awarded a grant this is where funds will be sent

Contact Name & Title

Contact Email & Direct-dial Phone

Is your organization currently rated by Charity Navigator? (TRADITIONAL STAR RATINGS ONLY)

If yes – Upload: copy of the current Charity Navigator Report \*see example at end of document If no – reasoning for Charity Navigator not rating your organization

#### **PART 2: Grant Report**

(this section is only applicable if your organization has previously received funding from this Foundation)

Approval date of prior grant

Period covered by this grant report

Total grant period

Short project title

Grant amount

Type of grant (general/operating, project/program support, challenge, capital/endowment) *If the prior grant was less than \$10,000:* 

Provide a brief narrative describing the use of grant funds (3,000 character limit)

*If the prior grant was \$10,000 or above:* 

Uploads: human interest story, project expenses and income, accounting of grant dollars spent (The following 5 questions have 1,500 character limits for each answer)

Describe achievements and setbacks; significant board and/or staff changes

Explain the effectiveness of activities measured against goals and what has been learned

Describe the plan for the future of this project including rationale for ongoing funding, expansion, replication or termination

From what other sources was this project funded during this time period, and at what level Provide a brief narrative on variances from the original budget

#### PART 3: Proposal

Short Project Title

Is this a new program/project?

If no - Date program/project started

**Requested Amount** 

**Total Project Budget** 

Upload: Detailed Project Budget

Focus and geographic emphasis of organization (500 character limit)

Project Description (3,000 character limit)

Has other funding been committed for this program/project?

If yes - Describe indicating source(s) and amount(s) (150 character limit each description) Is other funding being sought for this program/project?

If yes - Describe below indicating source(s) and amount(s) (150 character limit each description)

If no – Please explain why no other funding is being sought (300 character limit)

## **PART 4: Organization**

Is your organization recognized as a charity pursuant to the US Internal Revenue Code?

Incorporation Date

Upload: copy of your organization's IRS Letter of Determination

Number of members on the Board of Directors

Number of Board meetings last year

Amount of operating budget for the current year

Upload: complete organization budget

# of full-time employees

# of part-time employees

# of volunteers

Please describe your fundraising activities (500 character limit)

Three (3) major areas of concentration (of your organization as a whole) and describe briefly the programs and activities being utilized to accomplish your objectives in each concentration (500 character limit for each)

Letter Concerning Tax Status - to be completed by Officer or Trustee. This tax letter is a confirmation that the tax status of your organization has not been revoked or changed. The letter is written out for you on the application and only needs to be "signed" in confirmation. (example on next page)

## **Letter Concerning Tax Status**

Officer or Trustee

Title of Officer/Trustee

Organization Name

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Very truly yours,



## **Charity Contact Info**

**MAP International** 

4700 Glynco Parkway Brunswick, GA 31525 tel: (800) 225-8550 fax: (912) 265-6170

EIN: 36-2586390

Mail donations to:

4700 Glynco Parkway Brunswick, GA 31525

Visit Web Site

#### **Board Leadership**

Phillip J. Mazzilli, Jr.

Chairman

**CEO** 

**Steve Stirling** 

President & CEO

International: Humanitarian Relief Supplies

## **MAP International**

Medicine For The World

	Score	
	(out of 100)	Rating
Overall Score & Rating	100.00	****
Financial	100.00	***
Accountability & Transparency	100.00	****

This rating was published 11/01/2017 and includes data from FY2016, the most recent 990 received at that time.

Why isn't this based on more recent data?



Learn more about how we calculate the overall score and rating.

Financial Performance Metrics		
Program Expenses (Percent of the charity's total expenses spent on the programs and services it delivers)	99.3%	
Administrative Expenses	0.1%	
Fundraising Expenses	0.5%	

Fundraising Efficiency	< \$0.01
Working Capital Ratio (years)	0.51
Program Expenses Growth	13.8%
Liabilities to Assets	0.8%

All data for Financial Performance Metrics calculations was provided by MAP International on recent 990s filed with the IRS.

Accountability & Transparency Performance Metrics	
Information Provided on the Form 990	
Independent Voting Board Members	•
No Material diversion of assets	•
Audited financials prepared by independent accountant	•
Does Not Provide Loan(s) to or Receive Loan(s) From related parties	•
Documents Board Meeting Minutes	1
Provided copy of Form 990 to organization's governing body in advance of filing	•
Conflict of Interest Policy	•
Whistleblower Policy	•
Records Retention and Destruction Policy	•
CEO listed with salary	•
Process for determining CEO compensation	•
Board Listed / Board Members Not Compensated	•
s the following information easily accessible on the charity's website?	
Donor Privacy Policy	•
Board Members Listed	•
Audited Financials	•
Form 990	•
Key staff listed	-

## **Income Statement**

(FYE 09/2016)

**REVENUE** 

Contributions	
Contributions, Gifts & Grants	\$603,800,491
Federated Campaigns	\$0
Membership Dues	\$0
Fundraising Events	\$0
Related Organizations	\$0
Government Grants	\$0
Total Contributions	\$603,800,491
Program Service Revenue	\$2,346,522
Total Primary Revenue	\$606,147,013
Other Revenue	\$341,657
TOTAL REVENUE	\$606,488,670
EXPENSES	
Program Expenses	\$516,116,423

PI	rogram Expenses	\$510,110,423
Ad	dministrative Expenses	\$543,549
Fι	undraising Expenses	\$1,913,424

TOTAL FUNCTIONAL EXPENSES \$518,573,396

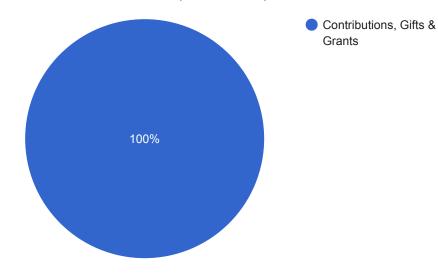
Payments to Affiliates \$0

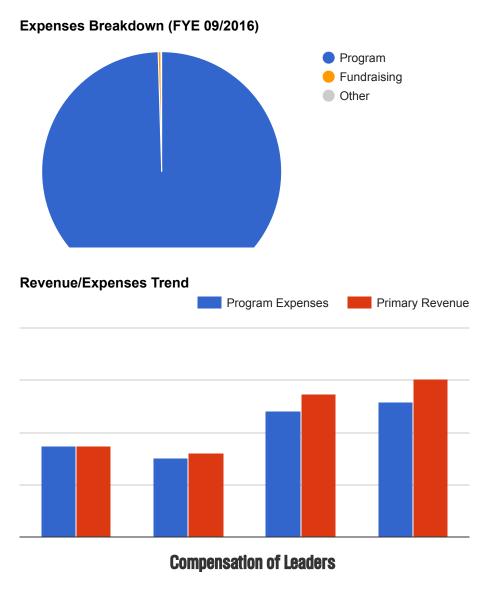
Excess (or Deficit) for the year \$87,915,274

Net Assets \$227,501,863

### Charts

## Contributions Breakdown (FYE 09/2016)





## (FYE 09/2016)

Compensation	% of Expenses	Paid to	Title
\$204,223	0.03%	Steve G. Stirling	President, CEO

#### **Mission**

MAP International is a Christian organization providing life-changing medicines and health supplies to people in need.

In times of disaster, MAP provides immediate humanitarian assistance and relief aid including medicines and health supplies to those left homeless and without access to basic services.

Founded in 1954, MAP International is one of the nation's 100 largest non-profit organizations, serving 10 million people annually in more than 100 countries. To date, we have provided more than \$6 billion in medicines and medical supplies globally.

MAP serves all people, regardless of religion, gender, race, nationality, or ethnic background.

# **Charities Performing Similar Types of Work**

## **Highly Rated**

Charity Name & State	Overall Score	Overall Rating
MAP International (GA)	100.00	****
International Eye Foundation (MD)	91.90	****
International Relief Teams (CA)	94.90	****
Christian Blind Mission International (SC)	91.01	****
Project C.U.R.E. (CO)	91.92	****

Compare These Charities (Highly Rated)