

FUNDING APPLICATION

GENERAL INFORMATION

Organization Information

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| Legal Name: Prosthetic Foundation (The) | | Federal Tax ID#: 01-0949598 | | 501(c)(3) Public Charity 509 A (3) | |
| Address: 5047 Sherri Ann Rd. | | City: San Antonio | | State: TX | |
| | | | | Zip Code: 78233 | |
| Website: www.theprostheticfoundation.org | | Fax: (210) 237-4400 | | United Way Funded: No | |

Fiscal Year:
January 01 to December 31

Head Of Organization

| | | | |
|---|--|---|--|
| Name: Joe Banda | | Title: Executive Director & CEO | |
| E-Mail Address: ceo@theprostheticfoundation.org | | Phone: (432) 248-2830 | |

Application Contact

| | | | | | | | |
|---------------------------|--|---|--|---|--|---------------------------------|--|
| Name: Joe Banda | | Title: Executive Director & CEO | | E-Mail Address: ceo@theprostheticfounda tion.org | | Phone: (432) 248-2830 | |
|---------------------------|--|---|--|---|--|---------------------------------|--|

Has the organization applied to the Najim Charitable Foundation in the past and been declined?
No

| | | |
|---|--|--|
| Grant Amount Requested \$: \$25,000 | Total Project Budget \$: \$140,000 | Organization's Annual budget \$: \$363,700 |
|---|--|--|

Mission Statement:
To provide support and access for uninsured or under-insured amputees to obtain quality prosthetics with comprehensive aftercare, and to generate public awareness for these individuals.

PROJECT INFORMATION

Program / Project Title:
To support artificial limbs for children, adults, veterans and seniors to restore independence.

PROJECT TIMELINE

| | |
|---------------------------------|-------------------------------|
| Start Date 01/01/2021 | End Date 12/31/2021 |
|---------------------------------|-------------------------------|

Harvey E. Najim Charitable Foundation Priorities:
Disabilities/Special Needs

Program / Project Description:
Fund artificial limbs for child, adult, veteran, and senior amputees who are uninsured or under-insured to restore independence, emotional health, employability and reduce welfare dependence.

Evaluation Plan:

A thorough compliance review is performed on every application with post prosthesis delivery survey with an entry and exit interview for each case.

Plans to sustain project beyond the term of this request:

Due to the growing number of amputations, the project must adapt to keep up with the demand while also growing awareness initiatives to educate the public on limb-loss prevention initiatives.

Children Impacted:

How many unduplicated children will the TOTAL PROJECT INITIATIVE impact?

5

How many unduplicated children will NCF REQUESTED FUNDS impact?

5

Please provide the percentage of each group below that will be served by the project in which funds are being requested. Do not leave any area blank. If that specific group will not be served, include zero. The percentage should total 100%.

| A. Population Served Age | | B. Population Served Ethnicity | |
|--------------------------|-------------|--------------------------------|-------------|
| Infants (0-5) | 10% | African American | 10% |
| Children (6-13) | 10% | Asian American | 5% |
| Young Adults (14-18) | 80% | Caucasian | 40% |
| TOTAL: | 100% | Hispanic/Latino | 40% |
| | | Native American | 0% |
| | | Other and Define | 5% |
| | | TOTAL: | 100% |

City Council District for Which Children are Being Served:

District2

Line item Budget:

| Line Item Description | Total Project Funds Allocation | Najim Funds Allocation |
|------------------------|--------------------------------|------------------------|
| Prosthetic Limb Grants | \$140,000 | \$25,000 |
| TOTAL: | \$140,000 | \$25,000 |

OTHER FUNDING RESOURCES

For Project being Requested: Funding sources and amounts, pending and committed.

PROJECT - PENDING

| Funder Name | Amount Requested |
|----------------------------------|------------------|
| Baptist Health Foundation | \$90,000 |
| Permian Basin Area Foundation | \$25,000 |
| San Antonio Area Foundation | \$25,000 |
| Gordon Hartman Family Foundation | \$5,000 |
| TOTAL: | \$145,000 |

PROJECT - COMMITTED

| Funder Name | Amount Requested |
|---------------|------------------|
| | \$0 |
| TOTAL: | \$0 |

Other funding sources and amounts, pending and committed not specific to this request.

ALL OTHER ORGANIZATION REQUESTS - PENDING

| Funder Name | Amount Requested |
|--------------------|-------------------------|
| | \$0 |
| TOTAL: | \$0 |

ALL OTHER ORGANIZATION REQUESTS - COMMITTED

| Funder Name | Amount Requested |
|--------------------|-------------------------|
| | \$0 |
| TOTAL: | \$0 |

BOARD OF DIRECTORS

What percentage of your board contributes financially to the organization?

100%

If Board giving is not at 100%, please explain why?

How are board members expected to participate in your organization?

Attend board meetings, participate in committees, monthly interaction with executive director, monetary contribution, 3 year term

LIST OF BOARD DIRECTORS

| Name & Office Held | Corporate Affiliation |
|-------------------------------|------------------------------|
| Demetrios Macris, MD | Chair |
| Daniel Tamez, MD | Vice Chair |
| Phyllis Davenport | Secretary |
| Kathie Braunstein | Treasurer |
| Bret Rowe, JD | Voting Member |
| Paige Rodriguez, MBA | Voting Member |
| Theresa Johnson, CPA | Voting Member |
| Brandi Vitier, MPA | Voting Member |
| William English, MD | Voting Member |
| Greg Seiler, CEO | Voting Member |
| Diane Sanchez, CEO | Voting Member |
| Chelsey Price | Voting Member |

Signature

Joe Banda