Brave Beginnings

2027 Neonatal Equipment Grant Application Preparation Guide

For preparation only. Use this question list to gather information and documents before completing the online application. Submit your application online; this PDF is not a submission form.

Deadline: January 31, 2027, at 11:59 p.m. Pacific Time (PST).
Apply online: https://form.fillout.com/t/9Ku7wmnN9Fus

Prepare these uploads: A completed and signed hospital/organization W-9, plus a current itemized vendor quote for each equipment priority requested. Quotes should show equipment name, quantity, and total purchase price. PDF files are preferred.

Hospital Information

1. Hospital Legal Name

2. Primary Contact Name

3. Primary Contact Title

4. Primary Contact Email

5. Street Address

6. City

7. State

8. Zip Code

9. Primary Contact Phone

10. Hospital Foundation Name (optional)

11. Upload your hospital's completed W-9

12. Is your hospital a nonprofit organization? (YES / NO)

13. Is your hospital part of a hospital network? (YES / NO)

14. If yes, what is the name of the hospital network?

15. Has your hospital previously applied for a Brave Beginnings grant? (YES / NO)

16. Has your hospital previously received a Brave Beginnings grant? (YES / NO)

NICU Information

Gather the requested 2025 statistics and information about the population your NICU serves.

1. What is your NICU's current level of care?

2. How many staffed NICU beds does your hospital have?

3. How many infants received care in your NICU during 2025?

4. What was your NICU's average daily patient census during 2025?

5. What was your NICU's average occupancy rate during 2025?

6. How many miles away is the nearest other NICU?

7. What level of care does the nearest other hospital's NICU provide?

8. How many infants were transferred from your NICU to a higher-level NICU during 2025? (optional)

9. How many neonatologists support your NICU?

10. How many registered nurses support your NICU?

11. Approximately what percentage of your NICU patients have private insurance?

12. Approximately what percentage of your NICU patients have Medicaid coverage?

13. Describe the population served by your NICU, including geographic service area, socioeconomic characteristics, medically underserved communities, and any barriers families face in accessing neonatal care.

Priority 1: Primary Equipment Request

Please describe your hospital's highest-priority neonatal equipment need. Priority 1 is required. You will have the opportunity to request funding for a second equipment priority later in the application.

1. What equipment are you requesting funding for?

2. Describe the equipment's clinical purpose and how it will be used in your NICU.

3. How many units of this equipment are you requesting?

4. How many units of this equipment does your NICU currently have?

5. How many units would your NICU ideally have to meet best-practice needs?

6. What is the age of your existing equipment, and when does it need replacement?

7. What is the expected useful life of the requested equipment, in years?

8. Approximately how many infants would benefit from this equipment annually?

9. How much grant funding are you requesting for this equipment?

10. Upload a vendor quote for the equipment requested.

11. Explain why this equipment is needed and how it will improve neonatal care.

12. Would you like to request funding for a second equipment priority? (YES / NO)

Vendor quote: Please attach a current, itemized quote from the equipment vendor showing the equipment name, quantity, and total purchase price. PDF files are preferred.

Priority 2: Equipment Request (optional)

Complete this page only if you request a second equipment priority. Please describe your hospital's 2nd highest-priority neonatal equipment need.

1. What additional equipment are you requesting?

2. Describe its clinical purpose and use.

3. How many units are you requesting?

4. How many units do you currently have?

5. How many units are needed to meet best-practice needs?

6. What is the age and replacement need of existing equipment?

7. What is its expected useful life in years?

8. How many infants would benefit annually?

9. How much funding are you requesting?

10. Upload a vendor quote for the equipment requested.

11. Explain the clinical need and expected benefit.

Vendor quote: Please attach a current, itemized quote from the equipment vendor showing the equipment name, quantity, and total purchase price. PDF files are preferred.

Grant Impact and Funding

1. How will the requested equipment improve neonatal care, patient outcomes, or your NICU's capabilities?

2. What measurable improvements do you expect from this equipment?

3. Would this grant allow your NICU to advance to a higher level of care? (YES / NO / Not Seeking Higher Level NICU)

4. If yes, please explain the anticipated advancement.

5. If Brave Beginnings is unable to fund your equipment request, how would your hospital plan to obtain the equipment? Please describe any alternative funding sources or plans.

6. Has your hospital or NICU received any major grants, donations, or equipment funding exceeding $30,000 during the past 12 months? (YES / NO)

7. If yes, please list the funding sources, approximate amounts, dates received, and purposes of the funding.

Implementation and Final Information

1. If awarded funding, what is your anticipated timeline for purchasing, installing, and implementing the requested equipment?

2. How will your hospital maintain, service, and support the equipment throughout its useful life, including any staff training required?

3. Is there any additional information you would like the Brave Beginnings review committee to consider? (optional)

Applicant Certification

By submitting this application, I certify that I am authorized to submit this request on behalf of the applicant hospital or organization. To the best of my knowledge, the information provided is accurate and complete. I understand that submitting an application does not guarantee funding and that Brave Beginnings may request additional information during the review process.

Required online acknowledgement: I have read and agree to the certification statement above.

Before you submit

Confirm that your application includes the hospital information, NICU statistics, equipment details and funding amounts, W-9, and vendor quote(s). Complete the certification and click Submit in the online application.

Open the online application

Question wording is reproduced from the application reviewed November 16, 2026. Optional and conditional prompts are identified where helpful; follow the online form for required fields and applicable questions.