

Grant Application Process

AREAS OF INTEREST

The purpose of A Hand Up Charitable Foundation is to advance programs and projects that increase access to basic human rights and needs and that improve the well-being of our most vulnerable populations. Of particular interest are projects that result in:

- providing basic human needs: food, clothing, shelter, healthcare, and education.
- the support or creation of outreach services to persons in need.
- youth development, child and family welfare, elder services.
- improving the health and welfare of people, especially vulnerable populations.
- improving the ability of local organizations to accomplish their missions.

ELIGIBILITY

We consider applications from nonprofit, tax-exempt organizations for activities serving the people of the North Central Massachusetts region (primarily within a 15-mile radius of Leominster). Organizations not incorporated as tax-exempt may apply through an established organization that agrees to provide fiscal oversight. All types and sizes of nonprofits are eligible to apply, including established institutions, community-based organizations, grassroots groups, faith-based organizations, and, in limited cases, public agencies.

SCOPE AND LIMITATIONS

Grants can be written for either of the following:

- operational expenditures, such as personnel costs, program supplies, utilities
- capital expenditures, such as construction, renovation, equipment purchase or other physical improvements.

It is not the intent of the foundation to become a long-term underwriter of operational costs for any one program.

FUNDING CYCLES

A Hand Up Charitable Foundation understands that the needs of our community do not always coincide with a tightly-regulated funding cycle. The Foundation wants to remain available to organizations year round and therefore has a rolling application deadline. Applications may be submitted at any time. Funding decisions will be made in a timely fashion.

PROGRESS REPORT

If you have received a grant from the Foundation, you will be asked to keep us informed about your progress and accomplishments. You will be asked to submit a written self-evaluation progress report within six months of funding. The Foundation may also request a visit to the program being funded.

REQUIRED FORMS AND ATTACHMENTS

Instructions:

Before completing the application, carefully review the Areas of Interest. Please make two complete sets of all of the items on the checklist. Do not bind or staple. Submit your proposal and all the attachments to:

A Hand Up Charitable Foundation
Gregg Lisciotti, Trustee
83 Orchard Hill Park Drive
Leominster, MA 01453

If A Hand Up Charitable Foundation has provided funding for this project in the past, please include, within the Narrative, a detailed description of the proposed changes, enhancements, and rationale for continuing the program. (The detailed description of the changes should not exceed one page.) All new projects or substantially changed projects must submit a new application.

Checklist for Application and Attachments

You must submit the following items:

- Application Cover Sheet
- Narrative (no more than four pages, plus one additional page for renewal projects)
 - Project Description
 - Who will be helped by this project?
 - Detailed cost/budget
 - Describe how this project is “a hand up” and not “a hand out.”
 - Describe how this project fits the criteria of A Hand Up Charitable Foundation “If it’s raised here, it stays here.”
 - What experience does your organization have in carrying out this or similar projects?
 - How will you evaluate the results?
- Funding Request – explain in detail use of funds
- Current list of Board of Directors with affiliation (one page)
- Progress Report (required for renewal applications)
- Letters of understanding with collaborators; as applicable
- Relevant supporting materials are optional; please limit to three items
- 501(c)3 Tax Exempt Letter or Agreement with Fiscal Sponsor and its 501 (c)3 letter and contact information, and financial statement (audited or 990)
- Audited financial statement or Form 990, as required by the IRS or State Certificate showing charity status

Application Cover Sheet

NOTE: Limit line breaks and text in the boxes outlined below, so that the completed form remains on a single printed sheet.

Organization Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Website _____

Executive Director _____ **Tel.** _____ **Email** _____

Contact/Title _____ **Tel.** _____ **Email** _____

IRS 501(c)(3) Yes No **Year incorporated or established** _____
If yes, include copy of IRS 501(c)(3). If No, please explain. _____

Fiscal Sponsor (if applicable) _____

Fiscal Sponsor Contact/Title _____ **Tel** _____ **Email** _____

Amount Requested \$ _____ **Funding must be spent within 12 months of receipt unless an extension is granted. Estimated time frame for use of funds:** _____

Total Cost of the Project \$ _____ **Total Organization Budget \$** _____

Signature _____ **Date** _____

Organization Mission

Program Title & Summary

Specific Purpose for Which Grant Will Be Used