



PEARL MANOR FUND

APPLICATION GUIDELINES

Grant assistance to promote care, support and treatment for elder residents of Allenstown, Auburn, Bedford, Candia, Deerfield, Dunbarton, Goffstown, Hooksett, Manchester and New Boston

Mary & John Elliot Charitable Foundation
4 Elliot Way, Suite 301
Manchester, NH 03103
603.663.2834
www.elliotohospital.org

FIELD OF INTEREST

The Pearl Manor Fund will be distributed through grants for the specific purpose of providing assistance, comfort, care and treatment for the elder population to include, but not limited to, the needs surrounding medical care, safe housing, nutrition, independent living and transportation assistance.

AREA SERVED

The Pearl Manor Fund supports the efforts that benefit the elder residents of the Greater Manchester area. The area includes the towns of Allenstown, Auburn, Bedford, Candia, Deerfield, Dunbarton, Goffstown, Hooksett, Manchester and New Boston.

GRANT PROGRAM

Grants are awarded to support projects that implement solutions and address the critical and unmet needs of the elder community.

PROGRAM PRIORITIES

When considering proposals, priority is given to funding activity that serves the Fund's interests. The Pearl Manor Fund seeks to support programs which:

- Meet the needs of the elder population regarding affordable transportation, home maintenance, socialization and/or nutrition
- Promote independent living, self-care and healthy life-style choices
- Strengthen family support services through education and support to the caregiver
- Provide realistic and measurable outcomes that address the identified need
- Provide an evaluation plan that identifies data collection methods
- Detail the applicant's capacity to implement the project
- Identify other programs that address the needs for the funds requested
- Involve collaboration with other agencies, when possible
- Utilize other funders

ELIGIBILITY

Non-profit 501 (c) 3 organizations with public charity status serving the Greater Manchester area are eligible to apply. Grants are not made to individuals or to qualifying organizations to support the costs of services to particular individuals. The Pearl Manor Fund generally *will not* fund:

- Capital campaigns
- Expenses already incurred
- Fundraising events
- Ongoing operating expenses
- Out of state projects
- Replacement of public or government funding
- Sectarian or religious groups
- Support of political activities

CRITERIA

Proposals to the Pearl Manor Fund are reviewed for their relationship with the Fund's above priorities as well as the degree to which an application reflects the following:

- Demonstrates the understanding of the demographics, health characteristics, risk factors, needs and services available to the elder population as it relates to the applicant organization's mission
- Exhibits the ability of the applicant to set goals, measure and evaluate results in utilizing grant funds to achieve projected outcomes
- Provides a plan for how the project will continue after the funding has been utilized
- Provides information regarding the capacity of the organization to carry out and complete the project plan
- Details collaboration with other service agencies in order to avoid duplication of resources
- Includes a plan to inform the public regarding the services to be provided

WHEN TO APPLY

Applications must be postmarked by August 1 and February 1. All applications must be received at the correct address no later than 5:00 p.m. on the day of the deadline. If the deadline falls on a federal holiday or on a weekend, applications must be received in advance of the deadline. Incomplete or

late applications (including late attachments) will not be considered.

All grant applications should be mailed or delivered by 5 p.m. on deadline date. Please include one original application with seven copies (3-hole punched) and send to:

Pearl Manor Fund
c/o Mary & John Elliot Charitable Foundation
4 Elliot Way, Suite 301
Manchester, NH 03103
Attn: Donna Nicholaides

HOW TO APPLY

Grant applications should be submitted as written proposals to the Pearl Manor Fund and mailed c/o the Mary & John Elliot Charitable Foundation to the address above.

Please present information regarding your project in the format outlined below. Use this outline as a checklist in preparing your proposal and number your responses to correspond to the listing of information requirements. Incomplete applications will not be considered. As a rule, applications should be no more than 7 pages in length (excluding attachments). The entire packet should be stapled (not bound) with pages numbered.

- (1) Briefly describe your organization, its current programs and services, particularly as they apply to the greater Manchester area. Include meaningful service statistics.
- (2) Document the need for what you are proposing. What other agencies address these needs, and how your proposal will supplement or expand upon services already available to the community. Are you collaborating with other community partners? If so, how? Please include letters of support.
- (3) Describe the project you propose. Include goals and number of elders that will be served through your program.
- (4) How does your proposal relate to the Fund's program priorities as stated in the guidelines?

- (5) How will your organization evaluate the success of the proposed project? What specific, measurable outcomes, and what quality indicators will you use to evaluate and report on the program in 12 months? How will your staff use this data? What impact will your project have on the community?
- (6) How will you inform the public about the service you propose to offer? How will you work with other agencies to coordinate this project and avoid duplication of services?
- (7) For projects intended to be ongoing, what sources of support will be developed to ensure continuation beyond the period of Pearl Manor Funding? Does your project have a vision of where it will be in three years? Please describe.

ATTACHMENTS

With all proposals, please include:

- Application Cover Sheet
- Completed Project Budget Sheet, with budget narrative
- Current operating budget for the organization
- Most recent audit or internal financial statement available for the organization
- 501(c) 3 status letter
- List of board of directors, with affiliations, addresses and telephone numbers
- Up to three letters of support

Applications should be sent to:

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Application Cover Sheet

*Please type your response or duplicate this form on your computer.
 This form is also available online at www.ellioghospital.org*

Date: _____ Telephone #: _____

Name of Applicant Organization: _____ Email Address: _____

Address: _____

CEO/Executive Director: _____

Contact for this proposal (if different): _____ Telephone #: _____

Contact Address (if different from above): _____ Email Address: _____

Fiscal Agent (if applicant is not a 501(c)3 organization): _____

Application for (please specify amount): \$ _____ Total Project Costs: \$ _____

Total Operating Budget: \$ _____

Please respond in the spaced provided. A more detailed description should be included in your full proposal.

BRIEF DESCRIPTION OF PROPOSED PROJECT: _____

PLEASE SUMMARIZE PROJECT OBJECTIVES (What will be accomplished with the funding requested?): _____



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Profile of Applicant Organization

Describe current services provided by the applicant organization: _____

Geographical area served: _____
 Year founded: _____ Number of paid staff (specify full and part-time): _____
 Number of members: _____ Number of volunteers: _____

Financial Summary

Provide information from most recent audit or annual financial statement:

Last Fiscal Year (FY) ended date: _____
 Last FY total expenditures*: \$ _____
 Last FY total income: \$ _____
 *If operating surplus or loss is more than 5% of total income, please comment: _____

Total Net Assets: \$ _____
 Current (Projected) FY operating budget: \$ _____

Last Fiscal Year Sources of Support	Amount	%
Government grants & Contracts	\$ _____	_____
Program fees/sales third party payments	\$ _____	_____
Endowment/interest income	\$ _____	_____
Other earned income	\$ _____	_____
Benefits	\$ _____	_____
Membership	\$ _____	_____
United Way/ Federated Arts	\$ _____	_____
Contributed		
• Business	\$ _____	_____
• Individuals	\$ _____	_____
• Foundations, others	\$ _____	_____
TOTAL	\$ _____	_____

- Have you remembered to include:
- Application Cover Sheet
 - Full Proposal
 - Most Recent Audit/Financial Statement
 - Project Budget, with notes
 - Current Operating Budget
 - Current Board List with affiliations
 - 501(c)3 Letter (unless already submitted)
 - Letters of Support (no more than three)



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*Please include a budget narrative on a separate sheet or reverse of this sheet, clarifying line items.
 This budget should cover full program costs, not just amount requested from Pearl Manor Fund.*

Project Budget

	PEARL MANOR FUND	OTHER FOUNDATIONS	PUBLIC SOURCES	FUNDRAISING	IN-KIND & VOLUNTEER CONTRIBUTIONS	YOUR AGENCY CONTRIBUTION	OTHER INCOME	TOTAL
Income ¹								
Pearl Manor Fund								
Other Foundations ²								
Public Sources								
Fundraising from Individuals								
In-kind & Volunteer Contributions								
Your Agency Contribution								
Other Income								
TOTAL INCOME								

¹Note: Please indicate which funds are committed or pending.

²Please list totals here, but provide details in narrative.

Personnel:								
Project Coordinator								
Other Staff (please list if necessary)								
Program materials & supplies								
Outreach & marketing								
Postage								
Phone/fax								
Office supplies								
Equipment								
Overhead								
Other Expenses (please list if necessary)								
TOTAL EXPENSES								