Pearl Manor Fund

Application Guidelines

Grant assistance administered by the Pearl Manor Fund Advisory Committee, and the Mary & John Elliot Charitable Foundation, for new projects, programs and/or services that promote care, support and treatment for the elder residents of Allenstown, Auburn, Bedford, Candia, Deerfield, Dunbarton, Goffstown, Hooksett, Manchester and New Boston.

Mary & John Elliot Charitable Foundation
Bedford Commons, 701 Riverway Place, Building 7
Bedford, NH 03110-9930
www.elliothospital.org/pearlmanorfund
foundation@elliothospital.org

PEARL MANOR FUND APPLICATION 2025 - 2026

FIELD OF INTEREST

The Pearl Manor Fund is 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/senior 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 on an annual basis (when funds are available) to support **projects/programs that implement solutions and address the critical and unmet needs of the elder community.** Grants are typically made in the $10,000-$25,000 range, although highly collaborative requests at higher levels will be considered. Program proposals from outside the Elliot Health System receive preference when funds are limited.

PROGRAM PRIORITIES

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

- Meet the needs of the elder population regarding improved and expanded health care, 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;

PROGRAM PRIORITIES (continued)

- 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 projects
- Expenses already incurred
- Fundraising events
- On-going 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 priorities, as well as the degree to which an application reflects the following:

- Details collaboration with other service agencies in order to avoid duplication of resources;
- Demonstrate the understanding of the demographics, health characteristics and needs, risk factors, need, 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;
- Includes a plan to inform the public regarding the services to be provided, as well as the grant award.

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WHEN TO APPLY

Applications must be postmarked by Monday, September 30, 2025. All applications must be received at the correct address and emailed no later than 4:00 p.m. on the day of the deadline. Incomplete or late applications (including late attachments) will not be considered. **Please EMAIL copy, single-sided PDF of the application cover sheet and letter only. ALL ATTACHMENTS AND GRANT COVER AND APPLICATION LETTER must be mailed** to address on front of application, postmarked by the above deadline. Applications not received at this address by the deadline will not be considered. **Applications MUST follow the format within this packet.**

HOW TO APPLY

Please present information regarding your project in the format outlined below. Use this outline as a checklist in preparing your proposal. Incomplete applications will not be considered. As a rule, applications should be no more than 3 pages per instructions below and should clipped together (not bound).

ATTACHMENTS

With all proposals, please include:

- Application cover sheet
- Current operating budget for the organization
- 501(c)(3) status letter
- Two Letters of Support
- Financial executive summary
- Project budget with notes
- Recent Audit Financial Report
- Balance sheet
- Checklist for application requirements.

PEARL MANOR FUND APPLICATION 2025 - 2026

Pearl Manor Fund
c/o Mary & John Elliot Charitable Foundation
Bedford Commons, 701 Riverway Place, Building 7
Bedford, NH 03110-9930
603.663.8934
foundation@elliothospital.org

Application Cover Sheet

Please type your response or duplicate this form on your computer. Please complete this form fully.

Name of Applicant Organization: _____ Date: _____

Telephone #: _____ Website: _____

Address: _____

CEO/Executive Director: _____

Contact for Application (if different): _____Telephone #: _____

Primary Contact Email Address: _____

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

Organizations Tax ID Number: _____

Application Request (Please specify $ amount requested): _____

Number of Seniors in Pearl Manor Fund Area to be Served by **this** Program: _____

Total Project Costs: $ _____

Total Operating Budget Revenue: $ _____

Total Operating Budget Expenses: $ _____

Profile of Application Organization

Describe current services provided by the applicant organization:

Geographical area served: _____

Year founded: _____ Number of paid staff (specify full and part-time): _____

Your Grant Narrative should be submitted as an attachment with this document and should be no more than 3 pages.

The Grant Narrative Letter MUST succinctly answer the following questions below.

1. **Description of the program/project.**
2. **Summary of the program/project objectives** (*What will be accomplished with the funding requested and how will impact be measured? How many seniors will be positively impacted through this program?)*
3. **Describe impacts this project will have in addressing critical Social Determinants of Health for the senior population you serve.**

PEARL MANOR FUND APPLICATION 2025 - 2026

Financial Executive Summary

Provide information from most recent audit or annual financial statement as an attachment.

Project/Program Budget

Income

	Pearl Manor Fund	Other Foundations②	Public Sources	Fundraising	In-kind & Volunteer Contributions	Your Agency Contribution	Other Income	**Total Income**
Income①								

①NOTE: Please indicate which funds are committed or pending. ②Please list totals here and provide details in narrative.

Program/Project Expenses

	Pearl Manor Fund	Other Foundations	Public Sources	Fundraising	In-kind & Volunteer Contributions	Your Agency Contribution	Other Expenses	**Total Expenses**
Personnel: i.e. 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)								

PEARL MANOR FUND APPLICATION 2025 - 2026

Have you remembered to include?

☐ Application cover sheet & proposal letter
☐ Current year budget
☐ Recent Audit Financial Report
☐ Project budget with notes
☐ Balance sheets
☐ 2023/2024 Report Submitted on Time (if applicable)
☐ 501(c) (3) letter (unless previous grantee)
☐ Two Letters of support

Questions about the process or your application can be directed to:

Kelli Rafferty
krafferty@elliot-hs.org or to 603.663.3091

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