



# Pearl Manor Fund

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## 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](http://www.elliothospital.org/pearlmanorfund)**  
**[foundation@elliothospital.org](mailto:foundation@elliothospital.org)**

**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 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 **new or expanding 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.

**WHEN TO APPLY**

**Applications must be postmarked by Friday, September 9, 2022.** 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 and attachments to [foundation@elliiohospital.org](mailto:foundation@elliiohospital.org).**

Please MAIL hard copy to address on front of application, postmarked by the above deadline. Applications must be sent to the address included in this packet – 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 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 or clipped together (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 up to three letter(s) of support.
- (3) Describe the project you propose. Include goals and the specific 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?

**HOW TO APPLY (continued)**

- (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.
- (8) How does your project address issues identified in the 2019 Community Health Needs Assessment for Manchester, if applicable to your service area?

**ATTACHMENTS**

With all proposals, please include:

- Application cover sheet
- Current operating budget for the organization
- 501(c)(3) status letter
- List of board of directors, with affiliations, address and telephone numbers
- Up to three letters of support (no more than 3)
- Financial executive summary
- Project budget with notes
- Profit & loss statement
- Balance sheet
- Checklist for application requirements.

**Pearl Manor Fund**

c/o Mary & John Elliot Charitable Foundation  
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**Application Cover Sheet**

Please type your response or duplicate this form on your computer. This form is available online at [www.elliothospital.org/pearlmanorfund](http://www.elliothospital.org/pearlmanorfund)

**Name of Applicant Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**CEO/Executive Director:** \_\_\_\_\_

**Contact for Proposal (if different):** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Contact Address (if different from above):** \_\_\_\_\_ **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: \$** \_\_\_\_\_

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

DESCRIPTION OF PROPOSED PROJECT:

PLEASE SUMMARIZE PROJECT/PROGRAM

(What will be accomplished with the funding requested and how will impact be measured? How many seniors in our target towns will be positively impacted annually?):

Describe impacts this funding and project will have to address critical Social Determinants of Health for the senior population you serve.

## **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): \_\_\_\_\_

Number of members: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

## Financial Executive Summary

*Provide information from most recent audit or annual financial statement:*

Last Fiscal Year - Sources of Support	Amount	%
	\$	
Program fees/sales third party payments	\$	
Endowment/interest income	\$	
Other earned income	\$	
Benefits	\$	
Membership	\$	
United Way Support	\$	
Contributions		
•Business	\$	
•Individuals	\$	
•Foundation, others	\$	
<b>TOTAL SUPPORT</b>	\$	

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

Kelli Rafferty

[krafferty@elliott-hs.org](mailto:krafferty@elliott-hs.org) or to 603.663.3091



**Have you remembered to include?**

- |  |   |
|--|---|
| <input type="checkbox"/> Application cover sheet & full proposal | <input type="checkbox"/> Profit and loss statements                         |
| <input type="checkbox"/> Current year budget                     | <input type="checkbox"/> Current board list with affiliations               |
| <input type="checkbox"/> Financial executive summary             | <input type="checkbox"/> 501(c) (3) letter (unless already submitted)       |
| <input type="checkbox"/> Project budget with notes               | <input type="checkbox"/> Letters of support (no more than three)            |
| <input type="checkbox"/> Balance sheets                          | <input type="checkbox"/> 2020/2021 Report Submitted on Time (if applicable) |

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

**Kelli Rafferty**

[krafferty@elliot-hs.org](mailto:krafferty@elliot-hs.org) or to 603.663.3091

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