

This is the form for CAPITAL CAMPAIGN requests – if you are looking for PROGRAM funds – you must use the OTHER application!

What we require (requests **will not** be considered without all requirements being met):

- This Application.
 - ★ **MUST** be typed into this form, **NO** Handwritten applications and **NO material added or deleted.**
- Your most recent IRS Form 990. **We will NOT accept 990s from 2017**
- **NEW APPLICANTS ONLY:** Your 501 c 3 determination letter from the IRS. **If you submitted your determination letter with a previous application you do not need to send it again.**
- **FINANCIAL STATEMENTS**
 - ★ **If you are subject to audit/review, submit your most recent audited/reviewed statement. 2018 is the oldest acceptable statement.**
 - ★ **A CALENDAR 2019 internal financial statement (regardless of fiscal year)**
If you are a local affiliate of a national or regional organization, please refer your local accountant to <http://www.dfhughesfoundation.org/Localfsadvice> for our requirements, and the desired format.
- Confirmation of Accuracy statement, signed by your CEO and Board Chair. This form is available on our website –on the same page that you found this application form.
- **ALL Capital grant requests must include ONE written bid, proposal, or statement of cost from the vendor and certification that the bid, proposal or statement of cost is accurate and authorized by the CEO and Board Chair (Indicate by initialing Confirmation of Accuracy Statement) Capital grant requests OVER \$20,000 must include TWO bids/estimates.**
- If you received a capital grant over \$50,000 the last time you applied, the Project progress writeup on page 6 is **MANDATORY. You must have completely spent your prior capital grant before applying for a new capital grant.**

Applications are ONLY accepted from April 1 through April 30, annually.

Submit your application via e-mail to grantapps@dfhughesfoundation.org Scan supporting documents and submit them in PDF form. **We do NOT accept paper anything.**

We acknowledge receipt of EVERY application via return e-mail. If you do not receive an email acknowledging receipt of your application within 2 working days, email Kevin Hughes at tteekevin@dfhughesfoundation.org and we will investigate.

We inform ALL applicants (regardless of outcome) of our decision by mid-June. Several letters/checks have been lost by the Post Office. If you haven't heard from us by the end of the third week of June, email tteekevin@dfhughesfoundation.org and we will investigate.

Questions can be directed to:

tteekevin@dfhughesfoundation.org tteepat@dfhughesfoundation.org tteepaul@dfhughesfoundation.org

Grant Application (CAPITAL ONLY) for Fiscal Year 2020

Grants from the R. Dale and Frances M. Hughes Foundation are made exclusively for charitable, scientific, literary, arts or educational purposes, or for a combination of such purposes; provided always that the recipients of any funds must at the time of receipt be exempt from taxation under Section 501 (c)(3), and are located in, and/or provide substantial services to residents of Monroe County, Pennsylvania.

Organization Name: _____

Address: _____

EIN Number: _____ 501(c)3 name (as registered with IRS) _____

Organization Contact Information

President or CEO
 (Written correspondence will go here)
 Name _____
 Title _____
 Address _____
 Address 2 _____
 City/State _____
 Zip _____
 Email _____
 Telephone _____

Person who completed application
 (Application questions will go here)
 Name _____
 Title _____
 Email _____
 Telephone _____

Mission Statement:

Summary Financial Data for last fiscal year – Supporting LOCAL financial statement is REQUIRED

If you are an affiliate of a National/Regional Organization, refer your local accountant to <http://www.dfhughesfoundation.org/Localfsadvise> and they will supply you with the numbers.

Total Revenue:	_____	
Total Expenses:	_____	
Program Service Expenses:	_____	from Form 990, Part IX, Line 25.
Management/General Expenses:	_____	from Form 990, Part IX, Line 25.
Fundraising Expenses	_____	from Form 990, Part IX, Line 25.

Board Members and Officers:

Mr/Ms	Name		Office held (If Any)	Residence		Years on board
	First	Last		City	State	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Organization Service History (If you are a branch of a nationally affiliated organization, the total number of people served below should be for your LOCAL organization only)

	Last year	2 years ago	3 years ago
Total number of people served:	_____	_____	_____
Monroe County residents served:	_____	_____	_____
Number of years in existence locally:	_____		

List OTHER foundations which have contributed to your LOCAL organization in the last 5 years

Foundation	Year	Amount	Check if grant was for this project
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

List people or organizations offering matching funds for this project, and conditions attached (e.g. up to \$25,000 maximum, 2 for 1)

ALL REQUESTS MUST INCLUDE A WRITTEN BID OR QUOTE (TWO BIDS FOR REQUESTS EXCEEDING \$20,000) FROM VENDOR, CERTIFIED TO BE TRUE AND AUTHORIZED BY CEO AND BOARD CHAIR ON STATEMENT OF ACCURACY.

Total cost of project: _____ Estimate how many people will benefit: _____

Amount requested: _____

Amount raised to date: _____

Project Description:

If the above is composed of several smaller projects, please supply breakdown

Project	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you received a CAPITAL CAMPAIGN grant of \$50,000 or more the last time you applied, we need to know how your project is progressing.

Total cost of project: _____

Amount remaining to be raised: _____

Anticipated completion date (or date completed): _____

Summarize the work remaining to complete the project:

Please provide a summary of how you spent the previous grant.

CATEGORY	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Financial Policies and Procedures	YES	Implementing this year	We do not plan to implement	N/A
Staff members who are involved in any aspect of our organization's finances have up-to-date position descriptions with clearly defined roles and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have written procedures detailing actions to be taken if a staff member has reason to believe that financial fraud has occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff members are aware of their obligation to report fraud or financial irregularity and to whom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts of Interest	YES	Implementing this year	We do not plan to implement	N/A
We have a written conflict of interest policy that has been approved by the board of directors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff and board of directors with potential conflicts of interest annually complete disclosure forms and appropriate personnel review any potential conflicts before approving transactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Statement Review	YES	Implementing this year	We do not plan to implement	N/A
Our CEO or executive director reviews financial statements on a regular (at minimum monthly) basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our board of directors reviews and approves financial statements at every board meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Handling	YES	Implementing this year	We do not plan to implement	N/A
Our organization has written policies and procedures in place regarding the handling of cash.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members involved in handling cash have read and comply with our policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All cash proceeds are recorded and deposited promptly in an authorized bank account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks and cash are kept secure within our organization and are accessible only by authorized staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures are in place to ensure cash deposits are stated accurately and completely by verifying transactions recorded in the financial system on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll	YES	Implementing this year	We do not plan to implement	N/A
The CEO or executive director checks monthly salary reports to verify that: (1) the report includes the correct employees (i.e., no unfamiliar names and no missing names); and (2) each employee's regular and overtime pay (as applicable) is accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No single staff member handles all aspects of the payroll process (verifying hours worked, processing payroll, and distributing the paychecks, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No single staff member can issue and sign a paycheck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing & Supplier Payments	YES	Implementing this year	We do not plan to implement	N/A
Only authorized staff members approve expenditures. Approval is demonstrated by signature and printed name on the related invoice or other documentation as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We review invoices for accuracy by matching them to the good or service received and to the related purchase order or contract terms prior to payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have procedures in place to ensure purchases are recorded accurately and completely by reviewing purchasing reports on a regular basis (at minimum monthly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one staff member handles all aspects of the purchasing process (initiating orders, receiving goods and verifying purchases).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel and other Expense Items	YES	Implementing this year	We do not plan to implement	N/A
We have procedures in place to ensure travel and expenses are recorded accurately and completely by reviewing expense reports on a routine and regular basis (at minimum monthly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No single staff member handles all aspects of the expense reimbursement process (reviewing/approving receipts, issuing payment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disbursement of Funds	YES	Implementing this year	We do not plan to implement	N/A
The responsibility for signing checks is separate from the responsibility for processing checks. No single person can issue and sign a check.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We require more than one authorized signature on every check issued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We do not allow blank or unapproved checks to be signed in advance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A senior administrator (not the same person who disburses the cash) reviews all cash disbursements on a regular (at minimum monthly) basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit requirements and Information	Over \$750,000	\$749,999-\$250,000	\$249,999- \$100,000	Under \$100,000
Our annual receipts (revenue) are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Audited	Reviewed	Neither	
Our financial statements are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Unqualified	Qualified	Not Audited	
Our Auditor's most recent opinion (if applicable) was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fully addressed	Partially addressed	Not addressed	N/A
Deficiencies in our last audit have been:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your last audit's result was a qualified opinion, Please explain what steps you have taken, or plan to take to address the issues that the Auditor raised.

Completion Checklist for Required Materials – Capital Requests

This checklist was added to remind you of everything that **must** be submitted with your application. If we do not receive all required items, someone will contact you (because accidents happen) to allow you to re-send items that may have failed to email properly – but we **will not** act on applications that are not complete after our follow-up request. As a final check that you have assembled and sent all required documents, check off each item below as confirmation.

<input type="checkbox"/>	This application (NO ADDITIONS OR DELETIONS)
<input type="checkbox"/>	IRS Form 990 (most current, no older than 2018)
<input type="checkbox"/>	IRS 501 c 3 Determination letter (NEW APPLICANTS)
<input type="checkbox"/>	In-house Financial statement (1/1/19-12/31/19)
<input type="checkbox"/>	Audit/review if applicable (No older than 2018)
<input type="checkbox"/>	Confirmation of Accuracy Statement signed by CEO and Board Chair
<input type="checkbox"/>	Bid from vendor (ALL applicants) and Officer authorization on Confirmation of Accuracy Statement
<input type="checkbox"/>	Over \$20K – TWO Bids from vendors and Officer authorization on Confirmation of Accuracy Statement
<input type="checkbox"/>	Last Capital Grant over \$50K – Progress writeup completed in application.
<input type="checkbox"/>	Previous Capital Grant has been completely spent (or you have never received one)

We will be happy to answer any questions you may have about the acceptability of financial statements. Please refer those questions to: tteekevin@dfhughesfoundation.org or tteepaul@dfhughesfoundation.org

Any other questions about the application process can be directed to: tteepat@dfhughesfoundation.org