

This is the form for OPERATING BUDGET requests – if you are looking to build or buy something – 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.
- A copy of your most recent IRS Form 990. **(We will NOT accept 990s from 2017)**
- **NEW APPLICANTS ONLY:** A copy of 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 instructions on what we require, and the desired format. If there is **any** doubt about what we need, your accountant should email either Paul Cohn or Kevin Hughes. Contact links are at the bottom of this page, and on our website.
- 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.

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

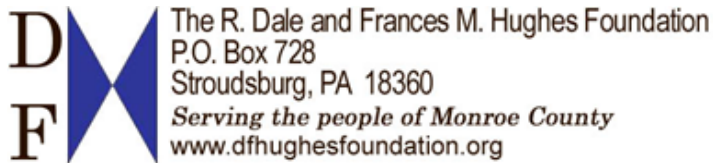
Submit your application via e-mail to grantapps@dfhughesfoundation.org Scan supporting documents and submit them in PDF form. **We do NOT accept paper anything.**

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 (OPERATING 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/LocalfsAdvice> 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 |
|------------|-------|--------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
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| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

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

OPERATING BUDGET REQUEST

Amount requested _____

Estimated number of people served by requested amount: _____

Describe the programs or services you would provide with the requested funds:

Percentage of the above programs or services your organization will provide DIRECTLY to your clients (services that are NOT provided through a third party)

100% 99%-75% 74%-50% 49%-25% Under 25%

| 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"/> |
| 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 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 – Operating 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 |

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