



2008 GRANT APPLICATION INSTRUCTIONS

Reminder: The “Final Report” for all previous grants must be on file prior to submitting a new grant application.

Origin and Purpose: The Amy Helpenstell Foundation is a private foundation founded in 2005. The Foundation annually distributes funds to numerous area non-profit organizations to fulfill its mission, “To improve the quality of life in the Quad Cities area by funding grants for health, youth development, education, community development and cultural activities.”

Restriction: The Foundation generally makes grants on an invitation-only basis and solely to non-profit organizations with 501(c)(3) status and qualified governmental agencies within a 60 mile radius of the Rock Island, Illinois. Grants are not awarded in the following areas: annual fund raising, organizational endowment funds, deficit financing, grants to individuals, or for sectarian purposes. Challenge/matching grants may be initiated by the Foundation.

Procedures: Applications are received from organizations that have been invited to submit a proposal, with only one application allowed per calendar year. Approximately \$200,000 is available for granting in both the spring and fall grant cycles. Extraordinary amounts may be given if an exceptional need is seen by the Foundation. The Foundation rarely awards multi-year grants. When a grant check is cashed, the organization is obligated to use it for the purpose given in the application. Grant recipients are required to file a written report describing the use of the funds after the project/program is completed or nine months after the grant has been received, whichever is earlier. Grant recipients should use the “Final Report” form available on the website. Generally only one project per organization per year will be funded.

Submit the original and six copies of your proposal on 8 ½” x 11” paper printed on one side only. The application is on the website for at www.amyhelpenstell.org. Handwritten applications will not be accepted. Materials should not be bound, inserted in protective sleeves or prepared in other types of notebook form except with a single staple. Invest your time in content rather than presentation.

Application instructions: Please ***include the following information in question and answer form, not to exceed two single-sided pages (not including the financial information). Use at least 11-point type font with 1” margins. Questions are to be addressed in the order in which they appear:***

- Is the project’s service area within a 60-mile radius of Rock Island, Illinois?
- Does the program or project address a priority community need?
- What is the nature and scope of the program/project, and the number of people served by the organization, program and – if applicable to this grant request – the specific project to be funded? (**This information is mandatory – estimates are acceptable**).
- Does the program duplicate any other community service?
- Will the project have a significant impact on the need, what outcome will be achieved and how will it be measured?
- Does the project have a sound financial plan? Include a detailed program budget, and a project budget if the funding request is for a specific project. The most recent balance sheet and income statement for the entire organization should accompany the application.
- Will this grant constitute matching funds?
- Does the project have a broad base of community support such as volunteer involvement, neighborhood participation, and collaboration with other organizations?
- After this project is completed, how will funding continue? If not funded, what is the effect?
- Attach an organizational chart of all programs/projects administered by this organization.

PLEASE INCLUDE THE DATE SUBMITTED ON THIS APPLICATION COVER PAGE



Date Submitted: _____

852 Middle Road, Suite 100
Bettendorf, IA 52722
www.amyhelpenstell.org

2008 GRANT APPLICATION COVER PAGE

Organization Name: _____ Federal ID number (EIN): _____ Is this your first application to this Foundation? Yes No

Is this a 501(c)(3) organization? Yes No (Include 501(c)(3) tax exempt letter unless previously submitted)

Is your organization a unit of a political subdivision? Yes No

Project title: _____

Is this a new project? Yes No Is this an enhancement/expansion/continuation of a project? Yes No

Grant Amount requested: _____ Fiscal year: _____

Number of people served by Organization _____ by Program _____ and, if applicable, by Project _____

Overall Budget of the Organization _____ of the specific Program _____ and, if applicable, of the Project _____

Cost per unit/person served: _____

Major funding sources:

Brief summary description of the project or program for which you are seeking funding:

Categorize the Project: Youth Development Community Development Cultural Education Health

Population(s) Served: General Public Infant/Babies Children/Youth Adults Elderly

Board of Directors/Trustees are to be listed below - no attachment:

Additional information/Mission statement:

Signature of Executive Director

Signature of Board President

Contact person and title: _____

Address: _____
City State Zip County

Telephone: _____ Fax: _____ Email: _____