

Grant Overview

Who is awarded grants?

The Helena Health Foundation's mission and goals is to provide resources to assist in the improvement of health care and quality of life in Phillips County. Although the primary focus of the Foundation is to provide assistance to the ever increasing indigent and aged population of the county, the goal for the Foundation's programs is to ultimately improve the lives of all residents in Phillips County.

The Helena Health Foundation awards grants to organizations whose projects will aid and improve health care and the quality of life in Phillips County as stated in the Mission. All grants must support the areas of focus as identified by the Foundation as follows: health education, access to health care and health care and wellness The Foundation does not ordinarily grant to national and state organizations. However, the Foundation may make exceptions for local efforts.

Where do I apply?

You may **apply online** at helenahhealthfoundation.org.

You may also access an application by calling the Foundation office at **870-572-0090** and submit your application by mailing it to **1395 Highway 242 South, Helena, AR 72342**

When is my application due?

Submission of grant applications must adhere to the Grant Submission Schedule. Applications must be received in the Foundation office by the **first Monday** of the submission dates as listed:

Submission date:	Grants awarded by:
<u>July</u>	<u>September</u>
<u>October</u>	<u>December</u>
<u>January</u>	<u>March</u>
<u>April</u>	<u>June</u>

Grant Application Guidelines

Your application will require the following documents. Once you have gathered all the necessary information you may mail your application to **1395 Highway 242 South, Helena, AR 72342**

Cover Page

The cover page should include a summary of the background and scope of the proposed project. It also should be signed by chairman of the respective board of directors, and/or the executive director.

The Proposal

Please include no more than 5 pages.

BACKGROUND INFORMATION

- A brief description of your organization and its mission/goal.
- The reason your organization is qualified and able to successfully complete the project.
- What the need(s) and/or problem(s) this project will address.
- Provide a list of other organizations involved in addressing the same need(s) or problem(s).
- Explain why your organization should also be involved.
- Provide list of who was involved in planning the project.

PROJECT OBJECTIVES

- What is the overall purpose of the project?
- How this project relates to the purpose of the requesting organization?

SOURCE(S) OF FUNDING

- Do the funds requested from the HHF represent the total cost of the project?
 - If not, explain where the additional funding will come from, (and if possible),
Attach evidence of a commitment from the source of those funds.
-

Documents

Please include a copy of your organization's 501(c)(3).

Grant Application Guidelines

Additional Documents to Include

ITEMIZED BUDGETS

Itemized budget clearly showing total project costs.

FINANCIAL STATEMENTS

Copy of organizations most recent financial statement

FUNDING SOURCES

- Amounts requested from the HHF
- Amounts to be provided by your organization
- Amounts from other sources.

OTHER SUPPORTING DATA

Other supporting data that will help explain your project and/or show evidence of your organization's ability to successfully complete the project.

THE BOARD

List of the names/addresses of your board of directors.

PLEASE NOTE:

If a project is funded, you will be required to submit a written status report to the HHF three months after the project is funded. In addition, you are required to submit a final report to the HHF at the end of the project grant period. Projects and/or organizations that fail to submit the required written reports will not be considered for future grants.

The grantee must immediately report any irregularity in grant related activity to the Helena Health Foundation.