

Helping Her Heal Proposal Preparation Guidelines for all Requests And Application for Grants (For Requests of \$5,000 or less)

Interest Areas

Grants will be made in the following areas: Female Cancer Support Services

Purpose

The purpose of all grants awarded is to lend financial support to organizations whose service is to provide assistance to women in financial need who are suffering from diagnosed female cancer(s).

Eligibility

1. Organization must be located in Central Indiana and involved in female cancer care.
2. Only 501(c) (3) organizations are eligible for grant awards.

Award Size

Applications for grants of \$5,000 or less should be submitted on the form following in this grant package.

Selection Criteria

The Helping Her Heal Fund will consider the following criteria in making award determinations:

1. The primary impact of the award.
2. How the funds will be used for daily needs of women in need such as: groceries, rent, mortgage, utilities, etc.
3. The organization's proposed use of the funds and if they have the ability to provide monthly reporting back to Helping Her Heal Fund on how the funds were spent.
4. A plan to submit stories of how lives were changed for validation of "making a difference" in our community on a quarterly basis.
5. The composition of the applicant organization's management and evidence of the commitment toward the need or problem described in the application.
6. The extent of the applicant organization's effort to complement the services of other community organizations, to reduce or eliminate duplication of effort within its community, and to encourage and enhance cooperation between and among organizations in the community.
7. The applicant organization's fiscal stability, responsibility, history and management qualifications.



Restrictions and Conditions

1. Awards will be made with the understanding that the Helping Her Heal Fund assumes no obligation or commitment to provide additional support to the applicant.
2. Awards will not be made to support political campaigns or attempts to influence the legislature or any other governmental body except in situations where the award is used to produce nonpartisan analyses, study results and research data.
3. Awards will be made without discrimination as to age, race, religion, disability, color, veteran status or national origin, and only to eligible recipients that do not unlawfully discriminate on these same criteria.
4. Award funds will be available on a one-time-only basis for a twelve-month period, with the length of the award period beginning on the date of the award letter. Extensions **may** be requested and approved if circumstances are justified.
5. The availability of matching funds is not a condition of eligibility for proposal submission. However, the Helping Her Heal Fund may determine that in some situations a match will be required as a condition of an award.
6. Requests for funds to support an existing program must clearly demonstrate that the need is related to the Helping Her Heal Fund program mission.
7. Applications from individuals will not be considered.

Submission Deadline

Applications may be submitted at any time.

Acknowledgment of Receipt

If acknowledgment of receipt of a mailed application is desired, each application should be accompanied by a self-addressed, stamped post card. The post card will be mailed by the Foundation upon receipt of the application.

Notification of Action

Upon the Foundation's receipt of a proposal, the applicant organization will be notified of their award or denial within approximately four weeks.

Application Procedures

1. Each application must be signed by an authorizing official (usually the chief executive officer) of the submitting organization. The person signing the application must have authority to make legally binding commitments on behalf of the applicant organization.
2. The copy to which the original inked signature is affixed by the authorized official, plus 3 additional copies of the application (total of 3 copies) are to be submitted.
3. Applications can be mailed to Helping Her Heal, P.O. Box 945, Westfield, IN 46074.

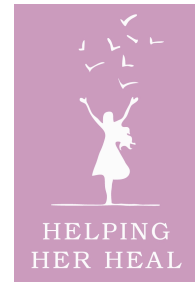


Helping Her Heal Fund Application for Grants

*Handwritten forms must be legible
Faxed grant application will **not** be accepted*

1. Date:
2. Name of Organization (& hospital or other affiliation as applicable):
3. Address:
4. Type of Organization (as used in filing taxes):
5. Name and title of authorized person completing this form:
6. Telephone number with area code:
7. Email address:
8. Fax number:
9. Describe the organization's need of funds: (Attach another sheet if more space is needed)

10. How much money is requested? \$_____
11. Is your organization willing and able to meet the spending and reporting guidelines? Yes No
12. How will you show that the Funds investment accomplished what was intended? (Attach another page if more space is needed)



13. Name of Person Managing Funds:

14. Please supply your organization's Tax I.D. number and attach a copy of your organization's IRS determination letter to verify tax-exempt status.

15. Additional information that would be helpful in the review of this request:
(Attach another page if more space is needed)

Printed name & title of authorizing party

Signature of authorizing party

Mail application to:

Helping Her Heal
P.O. Box 945
Westfield, IN 46074