



# REQUEST FOR APPLICATIONS—HELPING HANDS

The Helping Hands Grant program invests in approaches designed to address an identified community health need as defined through local assessments and based on pertinent data. Eligible applicants can apply for \$1,000—\$5,000. All awards are for one year only. Any future funding is not guaranteed.

## ELIGIBILITY REQUIREMENTS

- Program must be health and wellness focused
- Serve Stone and/or Taney County residents
- Eligible applicants must have a 501c3 status, or be a school or government agency
- Small agencies, organizations without a 501c3 designation, or a coalition may apply with a fiscal agent
- Priority will be given to programs that are collaborative and address a top identified health need. These include:
  - Access to Care (Medical, Dental or Mental)
  - Unhealthy Body Weight
  - Child and Family Safety
  - Substance Abuse/Tobacco
  - Mental Health

All applications are due by Friday, April 28, 2017 by 5 p.m. Compile all required components into one PDF document in the order listed below. Email the final PDF document in an email attachment to Mindy Honey at [mindy.honey@skaggs.net](mailto:mindy.honey@skaggs.net). All agencies will be notified regarding the outcome of their grant proposal in September/October.

## HELPING HANDS PROPOSAL REQUIREMENTS

Applications that do not contain all of the required documentation will not be reviewed.

- Application Cover Sheet (Appendix A)
- Application Narrative (Adhere to formatting requirements). Following the outline below, submit a narrative of no more than two (2) double-spaced pages, with a minimum 11 point font. The narrative must address the following:
  - 1) Provide a brief synopsis of the proposed program and the intended target population
  - 2) What problem will you address? How will this program contribute to the solution of the problem?
  - 3) Provide pertinent data that supports your case
  - 4) Describe collaborative agencies and their role in this program
  - 5) What will change? What will be different for participants after your program ends?
  - 6) What is your organization's mission? How does this align with your mission and the mission of Skaggs Foundation?



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7) Are you using a fiscal agent? If so, why? And which agency?

8) What is the duration of your program?

9) How much funding are you requesting?

## **ADDITIONAL REQUIREMENTS** (These do not count towards the page limit)

Project Budget: Complete and submit the budget spreadsheet. (Available electronically at [www.skaggsfoundation.org](http://www.skaggsfoundation.org)).

Budget Narrative: Submit a narrative that details each line item requested. This does not count against the two page limit.

Memorandum(s) of Understanding (MOUs): Include signed MOU(s) as appropriate that outline roles and responsibilities between the applicant and partner organization(s). (Available electronically at [www.skaggsfoundation.org](http://www.skaggsfoundation.org)).

Proof of 501c3 status if applicable

List of agency's Board of Directors

Organizational Annual Operating Budget

For more information or if you have questions, contact Mindy at the email address above or at 417-335-7340.



# HELPING HANDS APPLICATION COVER SHEET

This form acknowledges the application being submitted to Skaggs Foundation. It must be included as Page one (1) of the application PDF document.

**Organization Name:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address, City, State, Zip:**  
\_\_\_\_\_

**Duration of program:** \_\_\_\_\_ **Total Amount Requested:** \_\_\_\_\_

**Signature of Executive Director :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_