

# **The Hope Foundation of Jo Daviess County**

## **REQUEST FOR GRANT GUIDELINES**

### **STEP 1: AVAILABLE GRANTS**

### **STEP 2: DETERMINING ELIGIBILITY**

### **STEP 3: PROCEDURE FOR SUBMITTING REQUESTS**

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### **STEP 1: AVAILABLE GRANTS**

- A. Determine funding required within the limits set by the Hope Foundation of Jo Daviess County.

FOR INDIVIDUALS: Up to \$1,500 for a first time grant,  
Up to \$1000 for a second time grant and  
Up to \$500 annually thereafter. Minimum Grant: \$100.

FOR FAMILY SUPPORT: Up to \$1,500 for a first time grant,  
Up to \$1000 for a second time grant and  
Up to \$500 annually thereafter. Minimum Grant: \$100.

FOR AGENCIES: Up to \$2,500 annually. Minimum Grant: \$100.

- B. Final grant amount will be determined on a case-by-case basis by the Hope Foundation of Jo Daviess County Grant/Gifting Committee.
- C. Limitation of one grant per person or agency per HOPE Foundation fiscal year July 1-June 30.

### **STEP 2: DETERMINING ELIGIBILITY**

- A. The Hope Foundation of Jo Daviess County is organized exclusively for charitable purposes to assist individuals with disabilities in Jo Daviess County deal with issues of health, housing, transportation, and/or employment. Consideration shall be based on one or more functional limitations in self-care, receptive and expressive language, learning, mobility, capacity for independent living, cognitive functioning and emotional adjustment.
- B. The Hope Foundation's Family Support Grant assists individuals with disabilities and families who are caring for a family member with a disability. It promotes family unity and provides limited temporary support by enabling people with disabilities and their families to meet current short term financial needs associated with health, housing, transportation, education and employment.
- C. Requests should have a specific purpose/plan that:
1. Clearly describes the anticipated outcome to improve the health and/or well being of the individual(s) with disabilities.
  2. Includes a summary of results approximately 90 days after funding is received.

- D. Grants/gifts may be requested on behalf of individuals with disabilities by an individual, group of individuals or agency having a 501(c)3 tax status, following the procedures outlined below.
- E. Immediate need funding requests may be submitted directly to the Executive Director of the Hope Foundation of Jo Daviess County or the Grant/Gifting Chair of the Hope Foundation of Jo Daviess County. Immediate need funding is defined as a request that requires immediate attention to meet a specific need, such as, but not limited to clothing for a job interview, transportation for medical appointments, etc.
- F. Recipients may be required to match a portion of the amount granted.

### **STEP 3: PROCEDURE FOR SUBMITTING REQUESTS**

- A. An application must be completed for each grant request.
  - 1. Submit a request on the Hope Foundation of Jo Daviess County application form, typed or legibly printed. Forms may be requested by mail from the Hope Foundation of Jo Daviess County, PO Box 262, Galena, IL 61036-0262 ( Phone 815-573-7313 or 815-238-2636) or may be downloaded from our website [www.HopeFoundationJDC.org](http://www.HopeFoundationJDC.org).
  - 2. Clearly identify the individual or agency submitting the request.
  - 3. Clearly identify the beneficiary of the request and provide supporting documentation of their disability. (SSI statement, educational plan, doctor's evaluation, etc.)
  - 4. Describe the need, project or service to be funded. (be specific). Describe the anticipated outcome(s) and identify time parameters/deadline for funding.
  - 5. Include a detailed cost estimate. Attach substantiating documents (i.e. purchase proposal, estimated medical bills, estimated professional fees) as presented by the supplier of goods or services.
  - 6. Indicate the amount of funding being requested (see above for limits). If individual, provide average monthly income and average monthly expenses.
  - 7. Describe other funding sources available for this purpose.
  - 8. Describe plans for future funding.
  - 9. Sign, date and submit the application and documentation by mail to:

Chair, Grant/Gifting Committee

The Hope Foundation of Jo Daviess County

Galena, IL 61036-0262

Or email to

[hope@HopeFoundationJDC.org](mailto:hope@HopeFoundationJDC.org)

#### **STEP 4: REVIEW PROCESS**

- A. A grant/gift request will be acknowledged within 21 days of receipt. The acknowledgement will indicate disposition of the request (i.e., decline, additional information needed, under Committee review).
- B. In the case of Immediate Need Funding, the Grant/Gifting Chair, with the assistance of available committee members, will review and approve or disapprove a grant/gift as quickly as the request can be evaluated. The Committee Chair may determine that the request should be considered by the full committee. In most cases an interview of the recipient will not be necessary. If the request is approved, the Chair will ask that a check be drawn by the Foundation's Treasurer. The check and appropriate cover letter will be delivered to the recipient immediately. If the request is denied or passed on to the full committee, an appropriate letter of explanation will be sent to the individual initiating the request.
- C. The Grant/Gifting Committee may invite individuals requesting grants/gifts to meet with them as a whole or with individual members of the Committee.
- D. The Grant/Gifting Committee will review all requests within 30 days of receipt.
- E. Applicants will be notified of approval/disapproval of a grant/gift within 7 days of their decision.
- F. The Committee will present its recommendations at the next regularly scheduled meeting of the Hope Foundation of Jo Daviess County Board of Trustees.
- G. The Chair will ask the Foundation's Treasurer to draw checks for grants/gifts approved. The Chair will take steps to deliver the checks with an appropriate cover letter.
- H. A grant must be claimed within six months of the approval date. After that time, the grant will be rescinded and the original check voided. If the applicant wishes to continue the process, a new grant application must be submitted.

#### **STEP 5: FOLLOW UP REQUIREMENT**

The Grantee or Agency will be contacted approximately 90 days after funding for feedback on how the funds impacted the health and/or well being of the beneficiary.