



CHILD HEALTH ASSOCIATION OF SEWICKLEY GRANT REQUEST GUIDELINES AND INSTRUCTIONS

The Child Health Association of Sewickley, Inc. (CHA) is a private, non-profit association dedicated to raising funds for the benefit of children in western Pennsylvania. Funding is derived from the volunteer efforts of CHA members, with a major portion of the monies coming from the sale of the Three Rivers Cookbooks, the biennial Sewickley House Tour, and other fundraising events. CHA has a strong commitment to children and looks for quality programs to support.

Guidelines:

- A receiving organization must be a 501(c)(3) organization as defined by the Internal Revenue Code.
- CHA grants are limited to western Pennsylvania; more specifically to organizations located in Allegheny County and the contiguous counties of Beaver, Butler, Westmoreland and Washington or those that demonstrate that the population they serve resides in these areas, and grants must be shown to primarily benefit residents in these counties.
- Requests must be for a child-related program or item. CHA will not consider applications for capital campaigns, endowments, or fundraising activities.
- CHA generally favors small to medium-sized organizations with a total budget of \$1.5 million or less, although it will entertain requests from larger organizations upon exception.
- Yearly funding amounts depend on how much CHA earns from special events.
- CHA will generally fund no more than fifteen grant requests per yearly cycle, no matter how many grant applications are received.
- CHA prefers to fund as many organizations as possible and therefore expects to receive a realistic dollar amount for actual need.
- Requests for funding should be for more than \$1,000.
- Grants are not made to an organization in consecutive years and may not be made for multiple years depending on the available funds and the number of grant requests.

Application Schedule:

September 30:	Letter of intent (LOI) due
October 31:	Notification of acceptance or rejection of LOI is given
December 15:	Full grant request application is due if LOI is accepted
January/ February:	Site visits by CHA representative
April 15:	Funding decisions made

Letter of Intent

Interested applicants must send a letter of intent (LOI) before formal grant request proposals may be submitted. The LOI to apply for a grant must be received no later than September 30.

LOI's should be concise, with a narrative of no more than two pages, and include the following:

1. LOI Cover Sheet
2. Narrative of the intended use of the grant, program objectives, and the target population.
3. Attachment of IRS letter certifying 501(c)(3) status

Upon review of the LOI, CHA will contact the applicant as to whether the applicant has been approved to submit a CHA grant. Grant Request Application LOI's should be mailed to:

**Chair, Community Research Committee
Child Health Association of Sewickley
1108 Ohio River Boulevard, Suite 108
Sewickley, PA 15143**

CHA Grant Request Application

A completed CHA Grant Request Application is required if the LOI is approved. A complete application should include the following items in the order indicated:

1. Grant Request Cover Sheet
2. Narrative (reported following the outline provided)
3. Attachments

Grant Request Application should be mailed to:

**Chair, Community Research Committee
Child Health Association of Sewickley
1108 Ohio River Boulevard, Suite 108
Sewickley, PA 15143**

Questions about guidelines or eligibility should be directed to childhealth@comcast.net

Child Health Association of Sewickley Grant Request Application

CHILD HEALTH Grant Cover Sheet

NARRATIVE:

1. **Description of organization:** (include date of establishment, history, mission/, scope – e.g. city/state/national, personnel involved, and past record of effectiveness)
2. **Description of project:** (include name/title of project, what is it, its purpose, time span/event date, how it is child-related)
3. **Specific population served by this project:** (include number of children benefiting, identify ages, genders, ethnic groups, special groups)
4. **Geographical area served by project:** (specify townships, cities, counties, etc.)
5. **Total cost of the project:** (including income projections for future years, staffing needs, etc.)
6. **Explain specifically how grant funds would be used:** (breakdown of how they will apply to the proposed project/ equipment, transportation, training, materials, scholarships, etc.)
7. **Is there the ability to execute the program with only a portion if the money?**
(If yes, how will grant funds be used?)
8. **Current fiscal year budget:** ___/___
9. **Last fiscal year budget:** ___/___
10. **Breakdown of last fiscal year income by source:**
(Dollar Amount and Percentage of Total Income)
Corporations: _____
Private Foundations: _____
Government: _____

Individual Contributions: _____

Fundraising income: _____

Other: _____

11. List funding received from Child Health in the past; including the year, amount, and purpose:

12. Possible recognition of Child Health grant:

13. Projected follow-through to assure CHA of appropriate and efficient use of funding dollars:

14. Other relevant comments:

ATTACHMENTS:

- Audited Financial Statement
- List major sources of funding and the amounts of their funding for the prior 3 years
- Annual budget
- Board of Directors