



LADIES HOSPITAL AID SOCIETY (LHAS)
CHARITABLE ALLOCATIONS PROGRAM
2012-2013

DEADLINE: FRIDAY, MAY 11, 2012

The LHAS Allocations/Distribution Committee will meet to review and recommend grant proposals to the LHAS Board of Directors in June 2012. To qualify for these financial resources, applicants must meet specific criteria related to the LHAS mission: *To provide support to the sick and the poor living in our diverse neighborhoods.*

Grants are not made to individuals, to underwrite salaries, fellowships or support capital campaigns. Projects are reviewed and **awarded on an annual basis**. An applicant may re-apply each year with a maximum of funding for three (3) consecutive years.

Awards may range from \$1,000 to \$15,000. Notification of awards will occur in June and will be recognized at our annual Gala in August.

Applicants are requested to submit one (1) original and thirteen (13) copies.

CRITERIA FOR AWARDS

- Demonstrated need for funding
- Number of beneficiaries
- Project's contribution to the community in compliance with the LHAS purpose
- Recognition of LHAS in all in publicity and materials related to this grant
- Innovation and creativity
- Sustainability
- Final evaluation and expenditure reports will be required semi-annually for every grant awarded

APPLICATION PROCEDURE

- I. Complete and submit the *LHAS CHARITABLE ALLOCATION APPLICATION*.
- II. Organization Narrative
 - History
 - Mission and goals
 - Current programs and activities
 - Accomplishments
- III. Outline
 - Describe program or project
 - Identify needs/problems to be addressed and number of people served
 - Define program or project as new or continuing program or project
 - Identify other organizations, partners or underwriters participating in program or project and their roles
 - Provide timetable for implementation
 - Program or Project Budget (refer to Addendum 1)
 - Identify long-term funding resources

IV. Attachments

1. Organizational structure:
 - List of officers and directors, including occupations, places of employment and relevant affiliations
 - Resumes and/or job descriptions of key personnel involved in program or project
2. Financial Information
 - Copy of current IRS determination letter indicating 501(c)(3) status
 - Current board-approved annual operating budget, including expense and income
 - Most recently audited annual financial statement
 - List of other contributors, potential donors and amounts committed or requested, including public funds, individual contributions and other sources of income supporting the program or project
3. A maximum of two (2) letters of support (optional) from cooperating/sponsoring department, hospitals and/or agencies

Please do not send videotapes or unsolicited information.

For programs or projects previously funded by LHAS, please submit the following information:

- Name of program or project
- Years funded
- Monies received from LHAS
- Specific use of LHAS funds
- Funding from other sources
- Initial goals of program or project
- Detailed review of accomplishments
- Projected number of people to be served
- Number of people actually served
- Impact on community
- Changes in program or project management and/or direction



2011-2012 LHAS ALLOCATION/DISTRIBUTION APPLICATION

Date of Application _____

Legal Name of Organization Applying *(should be the same as on IRS determination letter as supplied on IRS Form 990)*

Year Founded _____

Current Annual Operating Budget \$ _____

Contact Person/Title _____

Telephone No. _____ Fax No. _____

Email Address _____

Mailing Address _____

City, State & Zip Code

Website _____

Project Name _____

Purpose of Grant *(one sentence)* _____

Beginning and Ending Dates of Project _____

Amount Requested \$ _____ Total Project Cost \$ _____

Geographic Area Served _____

Chairman of the Board

Signature

Printed Name/Title

Date

APPLICATION DEADLINE IS FRIDAY, May 13, 2011
<p>Please mail to: LHAS Allocations/Distribution Committee UPMC Montefiore Hospital, Suite N-709 3459 Fifth Avenue Pittsburgh, PA 15213 www.lhas.net</p>

PROJECT BUDGET

(ADDENDUM 1)

1. EXPENSES

Please itemize the following expenses. Be sure to include any additional items relevant to the project. **Provide an expense total.**

- Salaries and wages by individual position, specifying full-or part-time positions
- Payroll taxes
- Fringe benefits and related fees
- Consultant and professional fees, e.g., accounting, legal, etc.
- Travel
- Equipment
- Supplies
- Printing and copying
- Telephone and fax
- Postage and delivery
- Rent
- Utilities
- In-kind expenses

2. INCOME

Please include all confirmed and anticipated sources of revenue and indicate their status. **Provide an income total.**

- Government grants and contracts
- Foundations
- Corporations
- Earned income
- United Way, Combined Federal Campaign or other federated campaigns
- Individual contributions
- Fundraising events and product sales
- Membership income
- In-kind support
- Additional revenue

3. Please specify the budget period