

**THE ROBERT C. HOFFMAN CHARITABLE ENDOWMENT TRUST**  
**GRANT APPLICATION SUMMARY**  
(Please submit a signed original of this page and five (5) copies)  
**THIS IS THE ONLY PAGE THAT REQUIRES FIVE COPIES**

Organization: \_\_\_\_\_ Founding date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact person's email: \_\_\_\_\_

Purpose of the organization: \_\_\_\_\_  
\_\_\_\_\_

Name of the project to be funded: \_\_\_\_\_

Project dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Total project budget \$ \_\_\_\_\_ Amount of this request \$ \_\_\_\_\_

Brief description of the project: \_\_\_\_\_  
\_\_\_\_\_

Use of requested funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic area served by project: \_\_\_\_\_

Population to be served (number & description): \_\_\_\_\_

Adams County residents to be served (number & description): \_\_\_\_\_

\_\_\_\_\_  
**Print** Name of CEO/Exec. Dir./Superintendent

\_\_\_\_\_  
**Print** Name of Board President

\_\_\_\_\_  
CEO/Exec. Dir./Superintendent **Signature** Date

\_\_\_\_\_  
Board President **Signature** Date

**Instructions for Completing the RCHCET Grant Application Summary:** The summary page must be completed in full and submitted with **five (5) copies**. Please do not complete a line by referring to information found elsewhere in the grant packet. You may retype the summary page in order to complete it, but it must remain **only one (1) page long**.

**Organization:** Please use the full legal name of the non-profit organization to which the check will be written if the grant is approved. This is the organization name as it appears on the IRS Letter of Determination of 501(c)(3) status. If you do business under another name, submit supporting documentation.

**Contact person:** The person who can answer questions about the grant should any arise. If that person's telephone number is different from the telephone number listed for the organization, please list the telephone number of the contact person next to that person's name.

**Purpose of the organization:** The mission, what the organization exists to do.

**Project budget:** The total cost that the organization will incur to complete the project. This total should match the total on the Project Budget page.

**Brief description of the project:** Exactly what this project is or intends to do.

**Use of the requested funds:** What the funds of the Robert C. Hoffman Charitable Endowment Trust will be used to pay for.

**Geographic area served:** Identifies the specific communities that the project will serve. You should include number of people.

**Population to be served:** Describes the type of people who will be served and tells the number of people who will **directly benefit** from the project. While an organization may be available to all 92,000 people in the community, only certain people will directly benefit. How many realistically do you expect will directly benefit from the project?

**Adams County residents to be served:** Some projects serve more than one county. In those cases, how many Adams County people will directly benefit from the project? Please do not duplicate, but describe your situation so that the full level of service is understood. One person served ten times is 1 person; not 10. Simply filling in either "1" or "10" does not tell your story.

**Narrative & Timeline:** Use the format provided.

**Budgets:** An organization budget showing a 3 year comparison, and the project budget must be submitted for ALL projects. (School districts and organizations conducting a Capital Campaign, use the tabs provided specially for you.) **Revenues and expenses must be shown.** Project revenues are especially important because they demonstrate the support that has been raised for this project in the community.

**Board of Directors:** Submit a list of the board of directors with their names, vocation, and city location.

**Questions call Lisa Donohoe (717) 338-0344 or email [lisa@adamscountycf.org](mailto:lisa@adamscountycf.org)**

## **THE ROBERT C. HOFFMAN CHARITABLE ENDOWMENT TRUST**

### **GUIDELINES**

The Robert C. Hoffman Charitable Endowment Trust (The Trust) was a vision of Robert C. Hoffman and was created at the time of his death. The Trust is guided by an Advisory Committee (The Committee) made up of Adams County residents. From the annual earnings of the Trust, the Committee approves grants to nonprofit organizations which serve the needs of the residents of Adams County. Applications are considered two times a year. Applicants may submit no more than four (4) requests per fiscal year (8/1 to 7/31).

### **MISSION STATEMENT**

THE PURPOSE OF THE ROBERT C. HOFFMAN CHARITABLE ENDOWMENT TRUST IS TO ACT AS A PUBLIC CHARITY FOR THE BETTERMENT OF THE CITIZENS AND ORGANIZATIONS OF ADAMS COUNTY, PENNSYLVANIA AND TO BENEFIT, PROMOTE AND SUPPORT RELIGIOUS ORGANIZATIONS AND INSTITUTIONS, EDUCATION AND VOCATIONAL INSTITUTIONS AND ORGANIZATIONS, ORGANIZATIONS DEDICATED TO THE PREVENTION OF ABUSE TO CHILDREN AND TO ANIMALS, HELPING THE NEEDY AND UNDERPRIVILEGED, "PUBLICALLY SUPPORTED" DOMESTIC CHARITIES, MEDICAL ORGANIZATIONS, LITERARY ORGANIZATIONS, YOUTH SPORTS, AND OTHER SIMILAR ORGANIZATIONS DEVOTED TO THE PROMOTION OF SOCIAL WELFARE AND LESSENING THE BURDENS OF GOVERNMENT.

Areas of Interest include:

- Religious entities for religious purposes
- Education and vocational education, public, private and parochial schools
- Prevention of abuse to children
- Prevention of abuse to animals
- Helping the needy and underprivileged
- Charities
- Medical causes
- Literary causes
- Youth sports
- Capital campaigns
- Other causes which promote social welfare and lessen the burden of government

The Robert C. Hoffman Charitable Endowment Trust will not provide grants to:

- Organizations outside Adams County, unless it can be clearly demonstrated that Adams County residents will benefit from the funds requested
- Retire debt
- Fund raising events, endowment drives.
- Heirs, personal representatives or other contributors to the Trust, or to any heirs, successors, or personal representatives of any estate of any other contributor to the Trust
- Individuals

## PROCESS

Please do not submit your packet in a binder or folder. Use paper clips or binder clips rather than staples.

### Applications for grants under \$2,000:

- Complete the **Grant Application Summary** page of the Robert C. Hoffman Charitable Endowment Trust. A signed original and five (5) copies of this page must be submitted. The application format may be retyped to accommodate the applicant.

It is strongly recommended that you submit a **Narrative** of up to 3 pages, 12 pt. type, single spaced, on letter size paper, of additional supporting information. The Trust will consider up to four applications per organization each year.

Required attachments include:

- **Organization's 501(c)(3) letter from the IRS**
- **Budgets for the Project and the Organization**
- **List of Board members** with each member's vocation, city and state.

### Applications for \$2,000 or more:

- Complete the **Grant Application Summary** page of the Robert C. Hoffman Charitable Endowment Trust. A signed original and five (5) copies of this page must be submitted. The Trust will consider up to four applications per organization each year.
- A **Narrative** which includes an expanded explanation of the purpose of the organization, the description of the project and the use of the funds, and an evaluation process for the project. The narrative should be no more than 5 pages, 12 pt. type, single spaced, on letter size paper. Include the headings as shown on page 5 at the beginning of each paragraph.
- A **Time Line** for implementation of the project (Please use form provided.)
- A **Budget for the project** (Please use budget form provided.)
- A **Budget for the organization** (Please use budget form provided.)
- Organization's **501(c)(3) letter** from the IRS.
- Most recent **Form 990** and independent **financial audit**, if available. Internally prepared financial statement may be provided if 990 and audit are not prepared. These may be stapled.
- List of **Board members** with each member's vocation, city and state.

### Applications for Capital Campaigns:

Please call the Robert C. Hoffman Charitable Endowment Trust (717) 338-0344 to request the Capital Campaign Application packet if your request is for building or renovation costs or major equipment.

**NO HAND DELIVERIES WILL BE ACCEPTED. Applications and questions must be submitted to:**

Lisa Donohoe, Representative of the Consultant  
Robert C. Hoffman Charitable Endowment Trust  
P. O. Box 4565  
Gettysburg, PA 17325

(717) 338-0344 or [lisa@adamscountyfcf.org](mailto:lisa@adamscountyfcf.org)

## THE ROBERT C. HOFFMAN CHARITABLE ENDOWMENT TRUST

### NARRATIVE FORMAT

#### ORGANIZATION OVERVIEW (Brief)

- Mission, Clients served (type and number), Accomplishments, Community support/collaborations and any supporting information about your organization.

#### DEFINITION OF THE PROJECT

- Briefly describe the project for which you are requesting funding.
- Complete the timeline form provided. Select tab for fiscal or calendar year.

#### NEED/PROBLEM TO BE ADDRESSED BY THE PROJECT

- What is the community need this project will address?
- If you are serving a target population of people, such as students, what need of theirs are you addressing?

#### PEOPLE & OTHER INPUTS

- What people—specific staff or volunteers—will be involved in overseeing and implementing this project?
- How are they qualified to do this work?
- What other resources are needed – facilities, equipment and supplies?

#### ACTIVITIES/STRATEGIES

- How will you accomplish the desired outcomes? Measure staff activity.
- What specifically will you do (services) to accomplish these outcomes?

#### PROGRAM OUTCOMES

- What outcomes do you expect to achieve?
- What will be better or improved because of this project?
- Describe how outcomes will be measured. What standards have you established to measure benefits obtained by clients (indicators) and level of achievement of this project?
- How will you evaluate if, or how well, you accomplished your outcomes?

#### FUNDING

- What other funding sources will you go to for money or other resources for this project?
- If there are no other options, please explain.
- What funding will support this project in the future? Is it sustainable?
- How does your board financially support your organization?

#### OTHER

- If there is any other information you would like to offer to support your request, please include it here. Please do not send your organization's brochures.

*Use these headings in your narrative. Submit one (1) original.*

*For grants under \$2,000, the narrative should be no more than 3 typed pages, single-spaced, 12 point type. For grants of \$2,000 or more, submit up to 5 typed pages, single-spaced, 12 point type.*

**THE ROBERT C. HOFFMAN CHARITABLE ENDOWMENT TRUST**

**PROPOSAL CHECKLIST**

ORGANIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ Grant Application Summary (Signed original plus 5 copies of this page ONLY)

Submit one of each:

- \_\_\_\_\_ Narrative
  - \_\_\_\_\_ Organization Overview
  - \_\_\_\_\_ Definition of the Project
  - \_\_\_\_\_ Need/Problem to be Addressed by the Project
  - \_\_\_\_\_ People & Other Inputs
  - \_\_\_\_\_ Activities/Strategies
  - \_\_\_\_\_ Program Outcomes
  - \_\_\_\_\_ Funding
  - \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Time Line (Select the tab that works best for you – calendar or fiscal year)
- \_\_\_\_\_ Organization Budget (Use our form. Select the appropriate tab.)
- \_\_\_\_\_ Project Budget (including both Revenue and Expense completed)
- \_\_\_\_\_ Audit/990/Financial Statement
- \_\_\_\_\_ Board List/Advisory Board List
- \_\_\_\_\_ IRS Letter of Determination of 501(c)(3) status  
Explain if none \_\_\_\_\_
- \_\_\_\_\_ Other Items pertinent to your proposal may include: job descriptions, strategic plans, board resolutions, estimates, approvals, agreements, Memorandums of Understanding, etc.)
- \_\_\_\_\_ Letters of Support (required for projects involving partnership or collaboration with other organizations)