This is the form for CAPITAL CAMPAIGN requests – if you are looking for PROGRAM funds – you must use the OTHER application!

What we require (requests **will not** be considered without all requirements being met):

- This Application.
  - ★ **MUST** be typed into this form, **NO** Handwritten applications and **NO** material added or deleted.
- Your most recent IRS Form 990. **We will NOT accept 990s from 2023**
- NEW APPLICANTS ONLY: Your 501 c 3 determination letter from the IRS. If you submitted your determination letter with a previous application you do not need to send it again.
- **FINANCIAL STATEMENTS**
  - ★**If you are subject to audit/review, submit your most recent audited/reviewed statement. 2024 is the oldest acceptable statement.**
  - ★**A CALENDAR 2025 internal financial statement (regardless of fiscal year)**
    If you are a local affiliate of a national or regional organization, please refer your local accountant to http://www.dfhughesfoundation.org/Localfsadvice for our requirements, and the desired format.
- Confirmation of Accuracy statement, signed by your CEO and Board Chair. This form is available on our website –on the same page that you found this application form.
- ALL Capital grant requests must include **ONE** written bid, proposal, or statement of cost from the vendor and certification that the bid, proposal or statement of cost is accurate and authorized by the CEO and Board Chair (Indicate by initialing Confirmation of Accuracy Statement). Any line item(s) OVER $20,000 must include **TWO** bids/estimates for **EACH** item over $20,000.
- If you received a capital grant over $50,000 the last time you applied, the Project progress writeup on page 6 is MANDATORY. **We no longer require complete expenditure of a prior capital grant before re-applying - but you must provide an explanation why you did not completely spend the prior grant or your plan to spend it.**
- **LARGE PROJECTS:** If you have done a feasibility study, please submit . We want to know how you plan to secure the balance of funds to complete the project, and sustain it once complete.

Applications are ONLY accepted from April 1 through April 30, annually.

Submit your application via e-mail to grantapps@dfhughesfoundation.org Scan supporting documents and submit them in PDF form. **We do NOT accept paper anything.**

We acknowledge receipt of EVERY application via return e-mail. If you do not receive an email acknowledging receipt of your application within 2 working days, email Kevin Hughes at tteekevin@dfhughesfoundation.org and we will investigate.

We inform ALL applicants (regardless of outcome) of our decision by mid-June. Several letters/checks have been lost by the Post Office. If you haven't heard from us by the end of the third week of June, email tteekevin@dfhughesfoundation.org and we will investigate.

Questions can be directed to:

tteekevin@dfhughesfoundation.org tteepat@dfhughesfoundation.org tteepaul@dfhughesfoundation.org

The R. Dale and Frances M. Hughes Foundation
P.O. Box 728
Stroudsburg, PA 18360
Serving the people of Monroe County
www.dfhughesfoundation.org

Grant Application (CAPITAL ONLY) for Fiscal Year 2026

Grants from the R. Dale and Frances M. Hughes Foundation are made exclusively for charitable, scientific, literary, arts or educational purposes, or for a combination of such purposes; provided always that the recipients of any funds must at the time of receipt be exempt from taxation under Section 501 (c)(3), and are located in, and/or provide substantial services to residents of Monroe County, Pennsylvania.

Organization Name: _____
Address: _____
EIN Number: _____ 501(c)3 name (as registered with IRS) _____

Organization Contact Information

President or CEO
(Written correspondence will go here)
Name _____
Title _____
Address _____
Address 2 _____
City/State _____ __
Zip _____
Email _____
Telephone _____

Person who completed application
(Application questions will go here)
Name _____
Title _____
Email _____
Telephone _____

Mission Statement:

Summary Financial Data for last fiscal year – **Supporting LOCAL financial statement is REQUIRED**

If you are an affiliate of a National/Regional Organization, refer your local accountant to http://www.dfhughesfoundation.org/Localfsadvice and they will supply you with the numbers.

Total Revenue: _____
Total Expenses: _____
Program Service Expenses: _____ from Form 990, Part IX, Line 25.
Management/General Expenses: _____ from Form 990, Part IX, Line 25.
Fundraising Expenses _____ from Form 990, Part IX, Line 25.

Board Members and Officers:

Regional/National Organizations: supply LOCAL board information

	Name		Office held	Residence		Years on
Mr/Ms	First	Last	(If Any)	City	State	board

Organization Service History (If you are a branch of a nationally affiliated organization, the total number of people served below should be for your LOCAL organization only)

	Last year	2 years ago	3 years ago
Total number of people served:	_____	_____	_____
Monroe County residents served:	_____	_____	_____

Number of years in existence locally: _____

List OTHER foundations which have contributed to your LOCAL organization in the last 5 years

Foundation	Year	Amount	Check if grant was for this project
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐

List people or organizations offering matching funds for this project, and conditions attached
(e.g. up to $25,000 maximum, 2 for 1)

ALL REQUESTS MUST INCLUDE A WRITTEN BID OR QUOTE (**TWO BIDS FOR EACH ITEM EXCEEDING $20,000**) FROM VENDOR, CERTIFIED TO BE TRUE AND AUTHORIZED BY CEO AND BOARD CHAIR ON STATEMENT OF ACCURACY.

Total cost of project: _____ Estimate how many people will benefit: _____

Amount requested: _____

Amount raised to date:_____

Project Description:

If the above is composed of several smaller projects, please supply breakdown

Project	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you received a CAPITAL CAMPAIGN grant of $50,000 or more the last time you applied, we need to know how your project is progressing.

Total cost of project: _____

Amount remaining to be raised: _____

Anticipated completion date (or date completed): _____

Summarize work remaining to complete the project and any issues that prevented you from spending the entire previous grant: If project came in under budget, ask us how to spend remaining funds.

Please provide a summary of how you spent the previous grant.

CATEGORY	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Financial Policies and Procedures	YES	Implementing this year	We do not plan to implement	N/A
Staff members who are involved in any aspect of our organization's finances have up-to-date position descriptions with clearly defined roles and responsibilities.	☐	☐	☐	☐
We have written procedures detailing actions to be taken if a staff member has reason to believe that financial fraud has occurred.	☐	☐	☐	☐
All staff members are aware of their obligation to report fraud or financial irregularity and to whom.	☐	☐	☐	☐
Conflicts of Interest	YES	Implementing this year	We do not plan to implement	N/A
We have a written conflict of interest policy that has been approved by the board of directors.	☐	☐	☐	☐
Staff and board of directors with potential conflicts of interest annually complete disclosure forms and appropriate personnel review any potential conflicts before approving transactions.	☐	☐	☐	☐
Financial Statement Review	YES	Implementing this year	We do not plan to implement	N/A
Our CEO or executive director reviews financial statements on a regular (at minimum monthly) basis.	☐	☐	☐	☐
Our board of directors reviews and approves financial statements at every board meeting.	☐	☐	☐	☐
Cash Handling	YES	Implementing this year	We do not plan to implement	N/A
Our organization has written policies and procedures in place regarding the handling of cash.	☐	☐	☐	☐
Staff members involved in handling cash have read and comply with our policies and procedures.	☐	☐	☐	☐
All cash proceeds are recorded and deposited promptly in an authorized bank account.	☐	☐	☐	☐
Checks and cash are kept secure within our organization and are accessible only by authorized staff members.	☐	☐	☐	☐
Procedures are in place to ensure cash deposits are stated accurately and completely by verifying transactions recorded in the financial system on a regular basis	☐	☐	☐	☐

Payroll	YES	Implementing this year	We do not plan to implement	N/A
The CEO or executive director checks monthly salary reports to verify that: (1) the report includes the correct employees (i.e., no unfamiliar names and no missing names); and (2) each employee's regular and overtime pay (as applicable) is accurate.	☐	☐	☐	☐
No single staff member handles all aspects of the payroll process (verifying hours worked, processing payroll, and distributing the paychecks, if applicable).	☐	☐	☐	☐
No single staff member can issue and sign a paycheck.	☐	☐	☐	☐
Purchasing & Supplier Payments	YES	Implementing this year	We do not plan to implement	N/A
Only authorized staff members approve expenditures. Approval is demonstrated by signature and printed name on the related invoice or other documentation as applicable.	☐	☐	☐	☐
We review invoices for accuracy by matching them to the good or service received and to the related purchase order or contract terms prior to payment.	☐	☐	☐	☐
We have procedures in place to ensure purchases are recorded accurately and completely by reviewing purchasing reports on a regular basis (at minimum monthly).	☐	☐	☐	☐
No one staff member handles all aspects of the purchasing process (initiating orders, receiving goods and verifying purchases).	☐	☐	☐	☐
Travel and other Expense Items	YES	Implementing this year	We do not plan to implement	N/A
We have procedures in place to ensure travel and expenses are recorded accurately and completely by reviewing expense reports on a routine and regular basis (at minimum monthly).	☐	☐	☐	☐
No single staff member handles all aspects of the expense reimbursement process (reviewing/approving receipts, issuing payment)	☐	☐	☐	☐

Disbursement of Funds	YES	Implementing this year	We do not plan to implement	N/A
The responsibility for signing checks is separate from the responsibility for processing checks. No single person can issue and sign a check.	☐	☐	☐	☐
We require more than one authorized signature on every check issued.	☐	☐	☐	☐
We do not allow blank or unapproved checks to be signed in advance.	☐	☐	☐	☐
A senior administrator (not the same person who disburses the cash) reviews all cash disbursements on a regular (at minimum monthly) basis.	☐	☐	☐	☐
Audit requirements and Information	Over $750,000	$749,999- $250,000	$249,999- $100,000	Under $100,000
Our annual receipts (revenue) are:	☐	☐	☐	☐
	Audited	Reviewed	Neither	
Our financial statements are:	☐	☐	☐	
	Unqualified	Qualified	Not Audited	
Our Auditor's most recent opinion (if applicable) was:	☐	☐	☐	
	Fully addressed	Partially addressed	Not addressed	N/A
Deficiencies in our last audit have been:	☐	☐	☐	☐

If your last audit's result was a qualified opinion, Please explain what steps you have taken, or plan to take to address the issues that the Auditor raised.

Completion Checklist for Required Materials – Capital Requests

This checklist was added to remind you of everything that **must** be submitted with your application. If we do not receive all required items, someone will contact you (because accidents happen) to allow you to re-send items that may have failed to email properly – but we **will not** act on applications that are not complete after our follow-up request. As a final check that you have assembled and sent all required documents, check off each item below as confirmation.

☐	This application (NO ADDITIONS OR DELETIONS)
☐	IRS Form 990 (most current, no older than 2024)
☐	IRS 501 c 3 Determination letter (NEW APPLICANTS)
☐	In-house Financial statement (1/1/25-12/31/25)
☐	Audit/review if applicable (No older than 2024)
☐	Confirmation of Accuracy Statement signed by CEO and Board Chair
☐	Bid from vendor (ALL applicants) and Officer authorization on Confirmation of Accuracy Statement
☐	Items over $20K – TWO Bids from vendor and Officer authorization on Confirmation of Accuracy Statement
☐	Last Capital Grant over $50K – Progress writeup completed in application.
☐	Previous Capital Grant has been completely spent (or you have provided an explanation)
☐	Feasibilty Study attached if project is a “Large Ask”

We will be happy to answer any questions you may have about the acceptability of financial statements. Please refer those questions to:
tteekevin@dfhughesfoundation.org or tteepaul@dfhughesfoundation.org

Any other questions about the application process can be directed to:
tteepat@dfhughesfoundation.org