

**2016 Program Support Application
Work of Our Hands, Inc.**

Applications to the Work of Our Hands, Inc. should be submitted by noon on
Sunday, May 15, 2016, to the email address listed below.

Charles Shipp, Work of Our Hands, Inc. Grants Review Committee
charles.shipp@hotmail.com

Your application should contain digital copies of the following items ***collated in this order***:

- o Application form
- o Letter of request
- o Two years of most current audited financials
- o Most recent IRS Form 990
- o IRS letter of exemption certifying 501(c)3 status (unless previously submitted)
- o One page report of use of last year's grant funds (prior recipient only)
- o Annual budget
- o List of funding sources and amounts applied for or received.
- o List of members of administrative staff and governing body.

If the quantity of materials required for the application presents a financial hardship for your agency, please contact Charles Shipp at 404-831-0508 or charles.shipp@hotmail.com to make alternative arrangements.

o Please keep your letter of request brief—preferably one page, and no more than two. Please describe in it the mission of your organization, the services you provide, the population that you serve, and any historical information that you think may be helpful to the grants review committee in understanding the ministry that you provide.

o It is important to the grants review committee to understand how the grant will be used to promote arts and crafts programs that serve persons marginalized by socioeconomic, mental health, and intellectual challenges.

o If your organization does not conduct annual audits, please attach financials along with a statement by your board chair or executive director certifying that the statements are true, whole, and accurate.

o While not required, a site visit may be a useful activity for our grants reviewer(s) to understand the work your organization does. A grants reviewer may contact you to schedule a site visit.

The Work of Our Hands, Inc.
2016 Grants Request Application

Organization name:

Contact/title:

Phone:

Website address:

Fax:

Email:

Address:

Year org. founded:

Brief mission statement:

Amount requested: \$ _____ (attach detailed budget breakdown)

Budget justification:

Work of Our Hands, Inc. prior year grant recipient? yes / no (mark one); If yes, year :

If 2015 recipient, please make sure grant report describing use of last year's funds is attached.