**HENRIETTA TOWER WURTS MEMORIAL**

**GRANT GUIDELINES AND APPLICATION**

**GUIDELINES AND CRITERIA**

The Henrietta Tower Wurts Memorial (HTWM) is a charitable foundation, formed as a nonprofit corporation under Pennsylvania law to carry out the wishes of Henrietta Tower Wurts, as set forth in her will. Miss Wurts died in 1933. She was deeply committed to community services. HTWM’s interest focuses on programs that directly serve or improve the welfare of disadvantaged children and youth, and the elderly living within the City of Philadelphia.

HTWM considers grant proposals from 501(c)3 organizations serving residents of the City of Philadelphia with budgets that are $3 million and under. Grants are made on a one-year basis and range from $1,000 to $7,000.

Ineligible organizations / proposals under HTWM criteria:

* Organizations outside of the City of Philadelphia\*
* Organizations that have received three (3) consecutive years of funding
* Organizations that discriminate on the basis of race, ethnic origin, sexual or religious preference, age, disability or gender
* Organizations with budgets over $3,000,000
* Proposals requesting assistance for religious or political purposes.

\*Applications for national, state or regional organizations that have significant and defining programs in the City of Philadelphia may be considered.

HTWM will consider applications for equipment, furnishings and limited renovations connected with specific programs. Proposals for capital expenditures or endowments are considered but are given a low priority.

**APPLICATION PROCEDURE**

There are three (3) application deadlines throughout the year: February 1, May 1 and September 1.

**NOTE: Applications for support of summer programs should be submitted for the February 1 deadline.**

**Complete Applications should include the following:**

* One original Grant Application. Please do not attach or enclose additional application narratives or text.
* One copy of each of the following:
  + Most recent audit, Form-990 or other financial documentation
  + Board-approved organizational budget that includes expenses and revenues
  + Project budget (if applicable)
  + Copy of IRS letter 501(c)3
  + Annual Report (if available)
  + Progress Report (if previously funded)
  + Current list of Board of Directors with titles and affiliation.
  + Valid Bureau of Charitable Organizations Certificate

**Incomplete applications will not be considered.**

Please submit applications through the HTWM drop box found at: <https://spaces.hightail.com/uplink/HTWMapplications>

\*Mailed applications are accepted, but not preferred. Mail applications to:

Henrietta Tower Wurts Memorial

c/o The Philadelphia Foundation

1835 Market Street, Suite 2410

Philadelphia, PA 19103

The Henrietta Tower Wurts Memorial is administered by The Philadelphia Foundation, the community foundation serving Bucks, Chester, Delaware, Montgomery and Philadelphia Counties since 1918

**For inquiries, please call The Philadelphia Foundation at (215) 563-6417 or email htwm@philafound.org.**

**Date of this Proposal:**       **Date of last proposal to HTWM:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** Organization: |  | | | |  |  |  |  |
| **2.** Tax ID #: |  | PA Charitable Reg # (If known): | |  |  |  |  |  |
| **3.** Address: |  | | | |  |  |  |  |
| City, State, ZIP: |  | | | |  |  |
| **4.** Phone No. |  | Fax Number: |  | |  |  |
| **5.** Email address: |  | Website: |  | |  |  |
| **6.** Contact Person |  | Title: |  | |  |  |

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| --- | --- | --- | --- |
| **7.** Annual Budget of the entire organization | | **$** | |
| Total Project Budget (if Applicable): | | **$** | |
| **8.** Amount Requested: | | **$** | |
| Funding Type (select one) |  | | |
| Project Name (If Project Support Selected): | | |  |
| **a.** If this a project request, describe project | | | |
|  | | | |
| **b.** For all requests, please include an explanation of the **methodology** that will be used to  achieve the desired results. | | | |
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| **9.** Has your organization incurred any deficits in the past year? |  | **Yes** | If YES, Please briefly explain in the box provided below. |
|  | **No** |
| **Explain:** | | | |

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| **10.** Purpose of the Organization |
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| --- | --- | --- |
| **Please specify a service area:** |  | |
| **11.** Type of population and number of persons served: | | **Seniors  Youth** |
| **a.** By the organization: | | |
|  | | |
| **b.** By the program for which are requesting support (if applicable): | | |
|  | | |
| **12.** Geographical Area Served: | | |
| If multiple geographic areas are served, please indicate what percentage of the program’s efforts is directed toward Philadelphia. | | |

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| **13.** Explain how your organization/project specifically impacts the welfare of disadvantaged  children, youth and/or the elderly of Philadelphia. |
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| **14.** Describe the outcome(s) you anticipate as a result of the program for which support is  requested: |
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| --- | --- | --- | --- |
| **15.** Key Staff Members | | | |
| **Name:** |  | **Position:** |  |
| **Name:** |  | **Position:** |  |
| **Name:** |  | **Position:** |  |
| **16.** Board Leadership **(Please attach this information–Required)** | | | |

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| **17.** List major funding sources with the amount of the three largest grants in the past two  years: | |
| **Source & Amount** | **Purpose** |
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| **18**. List the amounts and year of grants from the Wurts Memorial in the past five years: | |
| **Year & Amount** | **Purpose** |
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| **19.** Authorized Signature  (please type in the field): |  |
| **Date:** |  |

**FOR QUESTIONS ABOUT THE HENRIETTA TOWER WURTS MEMORIAL GRANT APPLICATION AND GUIDELINES, PLEASE EMAIL** [**htwm@philafound.org**](mailto:htwm@philafound.org) **OR CALL (215) 563-6417**