



The HELPER Project
167 South Main Street
Helper, Utah 84526
www.thehelperproject.net
Tel/Text 801.541.0111

The Helper Project
Grant Assessment Form
Tier 2 - Request over \$1,000

Overview

The Helper Project serves as an umbrella organization raising funds in support of an individual or group that share our mission statement: to foster the revitalization, beautification and promote cultural connections for the city of Helper, Utah.

Enriching our community through short-term projects, long-term projects and programs and/or services are critical to our mission. In order to be considered for funding, all organizations and individuals must complete this funding request form. Applicants will also be responsible for proper tracking, reporting and grant submission with Helper Project Board oversight and mentoring.

gohelper@thehelperproject.net

ALL ITEMS ON THIS FORM MUST BE COMPLETED.

1. Name of organization/group:
2. Address:
3. Telephone:
4. Name and title of contact person:
5. Mission statement of project/group or individual:
6. Brief Background/description of your organization:
7. Number of paid staff employed by your organization:
8. Narrative of Project:
 - a. Summary/description of the project(s) or program(s) including purpose, goals and specific use of funds requested.
 - b. Brief description of the project's target population including number of people served.
 - c. Number of volunteers the project will utilize and in what ways will they be involved



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9. Brief description of plans for evaluating the effectiveness of your project/program, total cost of project(s)/program(s)

- a. Funding amount requested from The Helper Project
- b. Funding amount requested from other sources

10. Funding resources

- a. List individuals, corporations or foundations that could be solicited on behalf of applicant
- b. List other Grant opportunities available for the Helper Project to pursue (Grant applications should be made approximately 6 months to one year prior to funding requirements)
- c. List organized fund-raisers that applicant would be prepared to organize for support of project.
- d. Estimate funds from ticket/concessions sales
- e. List other partners in the community



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11. Attach a budget outline to this document.
12. Estimation of project start and completion dates.
13. List a Board Member advocate that you would like to advocate for your project.
14. Would you like a board member to contact you for assistance? YES NO

Board Member	Email	Phone	Y/N Vote	Comments
Anne Morgan-Jespersen	anne@amjworks.com	801-541-0111		
Tony Basso	tony@tonybassogm.com	435-820-8100		
Roy Jespersen	roy@royjespersen.com	801-541-0668		
Kathleen Royster	kroysterlamb@gmail.com	435-650-4318		
Melanie Steele	m22ss@yahoo.com	435-650-5250		
Shalee Johansen	shaleejohansen@hotmail.com	801-420-2233		
Christopher Warnock	Xtopher.warnock@gmail.com	650-796-9300		



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FINAL REPORT

1. Briefly describe what you were able to achieve with this project grant and how this grant helped to support the mission statement of The Helper Project.
2. Please describe how your project touched the lives of the citizens of our town, county and state.
3. Please describe your ability to complete the event or project by the date described and within your budget request.
4. Please provide digital images of all receipts for all goods purchased and paid for by this grant
5. If you were able to find funding from alternate sources, please list those sources and the amount donated.
6. Please share any unique or exciting stories, anecdotes, quotes or images from this project.