

James and Derek Hotsinpiller Memorial Foundation, Inc.
Grant Request (Organization)

Date _____

A. Organizational Information

Applicant Organization _____

Address _____

Phone _____ Email _____

Website (if available) _____

Contact person/Title _____

Year Founded: _____ Current Annual Operating Budget: \$ _____

Tax status:

___ 501 (c) (3) nonprofit

___ 501 (c) (____) Specify: _____

___ Other status: _____

Summary of the Organization's mission: _____

Describe current programs, activities and accomplishments: _____

Summary of the Organization's future goals and long-range plans: _____

B. Board Information

List the Organization’s Board members (or members of other governing body):

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Name _____ Title _____

Responsibilities _____

Minimum number of Board members required by the Organization's bylaws: _____

Board donations to the organization \$ _____ Members who donated % _____

C. Grant Information

Amount Requested \$ _____ Total Project Cost \$ _____

Project Name (If appropriate) _____

Period of Project _____

Purpose of Grant _____

Stated Goals/Objectives/Outcomes _____

Describe the proposed project, including goals and objectives: _____

Identify the need/problem to be addressed: _____

Identify the target population and number of people to be served by the project: _____

Identify other participating organizations in the project and their roles: _____

Provide a timetable for project implementation and completion: _____

C. Attachments

Please include the following attachments if available for the Organization:

- Copy of the current IRS determination letter indicating tax-exempt status.
- Current Board-approved annual operating budget, including expenses and income
- Most recent annual financial statement
- Letters of support that substantiate need for the project, and which substantiate the Organization's collaboration with other organizations regarding the project
- Annual report

D. Publication Consent

The James and Derek Hotsinpiller Memorial Foundation, Inc. (the "Foundation" "we" or "us") is a non-profit organization that is funded primarily by donations from the public. In order to inspire our audience to support our charitable mission by donating money, volunteering, or advocating for our cause, the Foundation may wish to publicly share certain aspects of your Organization's story through its website, social media, or traditional media outlets in the event it awards a grant. If the Organization, through this Grant Request form, provides its consent for us to share the Organization's story, the Foundation will discuss its publication plans with the Organization's Contact person listed on page 1 prior to sharing. The Organization may change its mind at any time and revoke consent. If the Organization informs us, in writing, that consent has been revoked, we will not use the Organization's story in future communications. Please understand that the Foundation may not be able to withdraw images and stories already published.

Please check one of the following:

- The Organization consents
- The Organization does not consent

E. Acknowledgement

By signing below, you certify that, to the best of your knowledge, the information provided with this Grant Request is true and correct. You also acknowledge that Foundation may contact the Organization for additional information to verify the need for assistance and/or to ensure that the grant furthers the Foundation's charitable purpose. The Organization understands that this request in no way obligates the Foundation to provide any grant, and the Foundation expressly reserves its right to deny the request. You understand the Foundation may require you to agree to certain conditions in connection with any grant to you.

Organization: _____

By: _____

(Signature)

Name:

Title: