

The Hope Foundation of Jo Daviess County
APPLICATION FOR GRANT
(See Request for Grant Guidelines Attached)
PLEASE PRINT LEGIBLY

1. BENEFICIARY OF REQUEST

Name: _____

Address: _____ City: _____ Zip _____

Telephone: _____ Email: _____

2. INDIVIDUAL OR AGENCY MAKING REQUEST

Name: _____

Address: _____ City: _____ Zip _____

Telephone: _____ Email: _____

a. If Agency, Internal Revenue Service Classification: _____

b. If Agency, Individual Contact Name: _____

c. If Agency, provide a brief description of the Agency's purpose: _____

3. PLEASE PROVIDE A DESCRIPTION OF THE BENEFICIARY'S DISABILITY AND ATTACH ANY SUPPORTING DOCUMENTATION.

4. PROVIDE A DESCRIPTION OF THE NEED, PROJECT OR SERVICE FOR WHICH FUNDS ARE BEING SOUGHT: (If additional space is needed, attach a typewritten or legibly printed sheet.)

a. DESCRIBE HOW THE RECEIPT OF FUNDS FOR SUCH NEED/PROJECT WILL IMPACT YOUR HEALTH AND/OR WELL-BEING.

b. IDENTIFY THE TIME PARAMETERS FOR THE FUNDING. IF IMMEDIATE NEED FUNDING IS REQUESTED, EXPLAIN WHY.

5. HAS THIS INDIVIDUAL OR AGENCY PREVIOUSLY RECEIVED A GRANT FROM THE HOPE FOUNDATION? IF SO, WHEN?

6. WHAT IS THE TOTAL COST OF THE NEED, PROJECT OR SERVICE? Break cost into appropriate segments (equipment, housing, clothing, etc. Use a separate sheet if necessary.)
7. WHAT IS THE AMOUNT BEING REQUESTED (See Grant Guidelines)?
8. IF INDIVIDUAL REQUEST:
 - a. WHAT IS YOUR AVERAGE MONTHLY INCOME?
 - b. WHAT ARE YOUR AVERAGE MONTHLY EXPENSES?
9. INDICATE ANY OTHER AVAILABLE SOURCES OF FUNDING FOR THIS NEED/PROJECT.
10. IF THE TOTAL AMOUNT REQUESTED IS NOT RECEIVED, WHERE WILL REMAINING FUNDS BE OBTAINED?
11. DESCRIBE PLANS FOR FUTURE FUNDING, IF NECESSARY.

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

SUBMIT ONE COPY OF THIS APPLICATION AND SUPPORTING DOCUMENTS TO:

Chair, Grant/Gifting Committee
The Hope Foundation of Jo Daviess County
PO Box 262
Galena IL 61036-0262
hope@HopeFoundationJDC.org

GRANT FOLLOW-UP REQUIREMENT

**If this grant is approved, we will follow up with you in approximately 90 days
for feedback on how these funds were helpful to you.**