

The HOPE Foundation of Jo Daviess County
APPLICATION FOR GRANT
(See Request for Grant Guidelines Attached)

1. BENEFICIARY OF REQUEST

Name: _____

Address: _____

Telephone: _____ FAX: _____ Email: _____

2. INDIVIDUAL OR AGENCY MAKING REQUEST

Name: _____

Address: _____

Telephone: _____ FAX: _____ 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 YOUR 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.)

5. WHAT IS THE TOTAL COST OF THE NEED, PROJECT OR SERVICE? Break cost into appropriate segments (equipment, housing, clothing, etc.)

6. WHAT IS THE AMOUNT BEING REQUESTED?
WHAT IS YOUR AVERAGE MONTHLY INCOME?
WHAT ARE YOUR AVERAGE MONTHLY EXPENSES?

