

*Supporting H.O.P.E. In the Community  
The H.O.P.E. Sertoma  
Grant Application*



**Applications should be prepared after reading the  
H.O.P.E. Sertoma Grant Guidelines page in full.**

**GENERAL ORGANIZATION INFORMATION**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**CONTACT INFORMATION FOR POINT OF CONTACT FOR ORGANIZATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**ADDITIONAL ORGANIZATION INFORMATION**

Year founded \_\_\_\_\_

Mission \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization type \_\_\_\_\_

Number of paid employees on staff \_\_\_\_\_

Board of Directors \_\_\_\_\_

Volunteers annually \_\_\_\_\_

**ORGANIZATION FINANCIAL INFORMATION**

Submit the organization's Tax Identification Number (TIN). Include your organization's annual budget, and Form 990.

**REQUIRED DOCUMENTS**

In order for your funding request to be considered, the following five required documents must be attached to this grant application:

1. A brief summary of your organization and a history of its programs
2. A description of the organization's population served, and the geographical area served
3. A statement of how your organization is "Helping Overcome Pediatric Emergencies"
4. A statement of how your organization will use the H.O.P.E. grant, if received
5. Amount requested by your organization, up to \$1,000
6. A public relations/marketing plan to publicize this grant and its results
7. A copy of the 501(c)(3) federal tax exemption letter of determination and, if applicable, evidence of your organization's authority to operate under the 501(c)(3) of another organization; Or, a letter on official letterhead providing the nine-digit tax identification number of the applying government entity or public school and signed by the senior officer

**CERTIFICATION**

Acting as duly authorized representative of the described project and its sponsoring organization, I certify that all information contained herein is accurate and complete.

PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_