



## DISASTER RELIEF APPLICATION

The Hope-2-Others Foundation will make every effort to process your application within 10 business days following receipt. Grant recipients will be notified immediately after decisions are made and recipients will receive funding shortly thereafter. For more information, please contact Rocio Tanus, EVP for Corporate Social Responsibility at rociotanus@hope-2-others.com.

**Please provide the following:**

Organization Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Project Name: \_\_\_\_\_

Brief Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This organization has received grant funding from Hope-2-Others Foundation in the past.

This is the first time my organization has requested funding from Hope-2-Others Foundation

**Fiscal Sponsorship**

We will utilize a fiscal sponsor to accept funds for this program/project.

Fiscal Sponsor Org Name: \_\_\_\_\_ EIN: \_\_\_\_\_

**Please answer the following in short paragraphs on a separate document attached:**

1. What was the most significant impact of this disaster on your organization or those you serve?
2. Please provide a detailed explanation of the recovery/relief project or program you are requesting funding for.
3. Who will be impacted by this program?
4. Are there other forms of support (outside of financial contributions) you need to effectively provide your relief/recovery programming?

**Please attach the following:**

- Answers to questions above.
- Project/program budget including other secured and pending funding
- 501c3 determination letter
- List of the board of directors and their community or professional affiliations

\*I acknowledge my organization meets grant eligibility criteria and grant agreement forms must be signed prior to grant distribution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_