

How did you hear about the LOVE, HALLIE Grants? _____

APPLICATION – PART II

Short Essays

Please type or print your complete responses to the questions on the application below.

1. What is the purpose of your project? How will it benefit your community? Be descriptive and specific as to what goals you would like to reach.

2. Is anyone else already providing this service/product or similar solutions to the need you identified? Can you learn from their strengths or weaknesses? Learning about efforts made in your immediate community and beyond may help you in planning your own project.

3. (a) Please fill out the *Expenses Timeline* (Part V of this application) to detail the activities and costs associated with launching and running your organization in the first year of operations. Be specific. In the space below, please justify the expenses you list in Part V of the application. Think of what tasks and activities are necessary for reaching your goal/s and at what point of time each will need to occur. Tasks and activities vary, but may include: communicating and promoting the service/product, purchasing materials, finding space to run the organization's activities, recruiting volunteers, fundraising events, etc.

(b) Using the *Income and Fundraising Timeline* (also Part V of this application), estimate the expected income from fundraising activities. In the space below, please describe the fundraising ideas you list in Part V of the application to support your launch and ongoing activities. Fundraising can be a great way to showcase your work and gain community support. Try to think of a fundraiser in which your services can be highlighted. Because fundraising is vital to the sustainability of any organization, your fundraising efforts should be geared toward the anticipated expenses of your second year.

4. (a) How many people will be part of your Hal's Angels Chapter? Please identify the group's leaders and their responsibilities.

(b) Who will be responsible for spending the money, keeping the receipts, and reporting back to the LOVE, HALLIE Foundation on your group's progress?

5. How will you evaluate your work and make changes to ensure that you make progress toward your goals, as well as a significant and lasting community benefit?

APPLICATION – PART III

References

Please provide the name and contact information of two references (over the age of 18) who will support you and your *Hal's Angels chapter*. References cannot include relatives.

Reference Name: _____

Permanent Address: _____
 No. Street

 City **State** **Zip Code**

E-mail Address: _____

Telephone: _____

Relation to Team: _____

Reference Name: _____

Permanent Address: _____
 No. Street

 City **State** **Zip Code**

E-mail Address: _____

Telephone: _____

Relation to Team: _____

APPLICATION – PART IV

Advisor

Each *Hal's Angels chapter* must have an Advisor – a respected community member (on- or off-campus) who provides guidance, but leaves you in control. Consider finding an Advisor with some expertise in the field of your work.

Advisor Name: _____

Permanent Address: _____

No. Street

City

State

Zip Code

E-mail Address: _____

Telephone: _____

Relation to Team: _____

Explain why you chose this person: _____

APPLICATION – PART V

The following charts ask you to estimate the monthly (a) expenses and (b) income of your chapter. Question (c) asks how much funding your organization seeks. Please provide this information to the best of your ability.

(a) Please record your monthly activities and associated costs. Feel free to insert more rows if necessary.

EXPENSES	COSTS PER MONTH													Total Annual
Activity / Tasks	Date	1	2	3	4	5	6	7	8	9	10	11	12	
Total Monthly Expenses														

(b) In addition to the *LOVE, HALLIE* Grant, please record any additional funds you plan to raise:

INCOME / FUNDRAISING	INCOME PER MONTH													Total Annual
Activity	Date	1	2	3	4	5	6	7	8	9	10	11	12	
Total Monthly Income/ Fundraising														

(c) *LOVE, HALLIE* Grants total up to **(\$500)** each. Please indicate the amount your organization is requesting: _____ I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the grant program. This application becomes the sole property of the program. I certify that I am not a previous recipient of a grant/scholarship from *LOVE, HALLIE*. If selected as a recipient, I authorize release of my name and/or likeness to *LOVE, HALLIE* to be used for publicity purposes. We also take full responsibility for all actions related to our organization, and understand that *LOVE, HALLIE* is not responsible for our chapter or its activities. The signature of a parent or guardian is required for those applicants under 18.

By signing below I agree to the Official Rules and Conditions of the Foundation.

Signature of Applicant: _____ Date: _____

Name of Guardian: _____

Signature of Guardian: _____ Date: _____

Please email your application directly to *LOVE, HALLIE* Foundation:

info@lovehallie.org

Please sign and mail the completed application – including signature page – to:

Attn: *LOVE, HALLIE* Foundation Grants
39-04 49th Street, #2N
Sunnyside, NY 11104