

# HMNE Grant Application Cover Sheet

Date of Application: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person/Title (if different from Executive Director): \_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_

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

Mailing Address, if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Project Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning and Ending Dates of the Project/Campaign: \_\_\_\_\_

Geographic Area to be Served: \_\_\_\_\_

**I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:**

1. The tax-exempt status of this Organization is still in effect,
2. This Organization does not support or engage in any terrorist activity, and
3. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

*Signatures:*

\_\_\_\_\_  
*President, Board of Directors* *Date*

\_\_\_\_\_  
*Executive Director* *Date*