The Hope Foundation
OF THE MAHONING VALLEY
IT'S ALL FOR THE KIDS

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The Hope Foundation of the Mahoning Valley

Grant Guidelines & Application Procedures

Overview

The Hope Foundation of the Mahoning Valley (H.F.M.V.), a non-profit 501(c) 3 organization, was formed in 2007 to continue the tradition established with the inaugural "Game of Hope" Classic in 2005. The event's success inspired its organizers to create an organization that was dedicated to raising funds on a much wider level, allowing for it to help more children. The mission of The Hope Foundation of the Mahoning Valley is to provide charitable and/or financial support to help improve the lives of chronically/terminally ill children of the Mahoning Valley. The Foundation and its volunteers feel that every child's life is valuable, and we aim to support any local organization that shares our common goal of helping each of these children exceed his or her potential.

A Board of Trustees governs the Foundation, which is responsible for establishing the policies for grants or donations consistent with the stated purpose for which The Foundation was established. The Grant Committee of the Board of Trustees will consider requests for grants from all eligible child/families and/or organizations committed to using the funds within The Foundation's mission.

The H.F.M.V. will support, but is not limited to, providing grants and dedicating its resources to the education, research, and/or charitable centers across the Mahoning Valley that provide services for chronically/terminally ill children. An organization can only receive funds every three years from the Hope Foundation.

Grant Process

To be considered for funding, an organization must meet the following criteria:

1. The project must meet the mission of the H.F.M.V. to serve chronic or terminally ill children & their families throughout the Mahoning Valley. (Trumbull, Mahoning & Columbiana receive first priority)

2. Submit a written request, no longer than three pages double spaced, detailing how funds will be used.
   - Determination of need for the program, addressing duplication, if applicable
   - Agencies collaborating with you on this program and the nature of their contribution.
   - Project or program summary, including timeline, outcomes and actions for implementations.
   - Number of children by age group, disability and who will benefit.
   - Agencies must include a final report for their most recent grant

3. A copy of your 501 (c) 3 statuses & IRS Form 990 for 2016

4. Copy of the most recent financial audit.

5. Provide 4 copies of the full grant, or the grant will not be considered. *(Printed on one side of each page. Do not bind grants)*

6. A detailed budget of the project you are requesting funding for.

To be considered for a grant, applications must be received by the H.F.M.V. by the due date on page 2. All applications received after the deadline will not be accepted!

Applications will be reviewed by the H.F.M.V. Grant Committee, and awards will be issued at the Committee's recommendation in amounts determined by the Board of Trustees. The maximum grant that can be awarded to an organization is up to $5,000. If funding is received, a follow-up report must be provided to The Foundation documenting how the funds were used within six months year of the date that the funds were granted. At the discretion of the Board of Trustees, the HFMV reserves the right to recover any funds that were not used for the purpose as stated in the grantee's application or appear to have been misused.

Applications should be submitted by mail to the address (below) ONLY. No fax or emails will be accepted.

Mail to: **Attn: Grants Committee, The Hope Foundation of the Mahoning Valley, P.O. Box 733, Youngstown, Ohio 44501**

The Hope Foundation of the Mahoning Valley

Application for Funding

Complete this form and attach it with a written proposal (maximum three double-spaced pages) that describes your organization, the project for which funding is sought, the target population to be served and the outcomes expected as the result of this grant.

GRANT APPLICATION COVER PAGE
Organization Information

***Type in (or complete legibly), print and sign**

Legal Name of Organization: uhiluhiluhiuhiluh_____

Tax ID Number: _____

Year Founded: _____ Current Annual Operating Budget: $_____

Contact Person/ Title: _____
Address: _____
City: _____ State: _____ Zip: _____

Mailing Address (if different): _____
City: _____ State: _____ Zip: _____
Phone Number: _____Fax Number: _____

Email Address: _____ Website: _____
Is the charity a supporting organization: _____

Grant Information

Purpose of Grant (one sentence, please): _____
_____.

If applicable, beginning and ending dates of the project: _____

Amount Requested: $ _____ Total Project Cost: $ _____

Geographic Area Served: _____

Certification

To the best of my/our knowledge, the information supplied in this packet is correct.

Type or Print Name and Title: _____

Signature: _____ Date: _____

All Grant applications submitted are the sole property of The Hope Foundation of the Mahoning Valley and are kept Confidential.

DUE ON OR BEFORE FRIDAY, JUNE 30, 2017