



HEARTS AND HANDS UNITED in GIVING (HHUG)
GRANT APPLICATION FORM

Note: HHUG Members are to complete this form prior to submitting a grant request.
Please complete fully and use additional pages if necessary.

Member's Name: _____

Date of Submission: _____

1. Name of Applicant/Contact Information (if available, address, phone, e-mail):
2. How did HHUG learn about this organization?
3. If an organization: 3a. Is it a non-profit? If so, request a copy of IRS determination letter. 3b. What services are provided by the organization? 3c. Who do they serve?

3d. What is the organization requesting from HHUG? (Short-term/longer term or possibly both?)

4. If this is an Application for an individual or family, please respond to Questions 1, 2 and 3d as shown above. Please provide additional comments in this section or on another page.

5. What amount is being requested?

6. What amount would HHUG consider giving? (Reason)

7. Additional Comments:

8. HHUG Action/Decision:

a. Agreement to Grant Request: Reason/Amount/Date:

b. Decision Not to Grant Request: Reason/Date:

Letter Sent to Applicant: Date _____