



# Hearts of Harvest Foundation Grant Application

## Supporting Children with Heart Disease

*“The Giving of One Heart to Another”*

Hearts of Harvest Foundation is a (HOHF) is a non-profit organization who's long range Mission is to provide financial assistance and support to families and their children of our community who have a child with heart disease. The operating principles of the organization include:

- ♥ Helping to prevent heart disease in children by supporting research and education.
- ♥ Offering financial assistance to families in crisis with children who have a heart condition.
- ♥ Having a sound accountability & research plan for administering donations.
- ♥ Forming partnerships with non-profit groups in our community.

It is the goal of HOHF to provide grants to organizations and families, whose need supports the mission of HOHF. In return HOHF requests recipients provide financial accountability for their grant monies received from HOHF once a year. None of the funds received are to be used for administrative or fundraising purposes.

A HOHF gift will be paid directly to the organization/business in which the service is provided to the family in crisis. **Families applying for an HOHF grant must reside in San Joaquin County.**

Tracy Family Resource Center Healthy Connections/CPFSJ is a partner with HOHF and administers grants on behalf of HOHF.

(Applicants in neighboring communities may be considered)

### **Name and Address of Requesting Family or Organization:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Secondary Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Organizations Tax ID #:** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Name a Child with Heart Disease** \_\_\_\_\_ **Age** \_\_\_\_\_

Are one or both parents of child in crisis employed at this time? \_\_\_\_\_

Does the family of child in crisis have Health Insurance at this time? \_\_\_\_\_

**I. State your Organization's Current Mission/Goals: (if applicable)**

**II. Please provide examples (past, and/or planned future) of use of funds that support our organization's Mission/Goals or explain your families current health crisis with your child:**

**III. Planned use for Hearts of Harvest Funds:** (Please provide as much detail as possible including on where funds would be used, and why the funds are needed)

**IV. HOHF board and donors require full accountability of funds dispersed. All grant recipients will be asked to provide detailed accountability once a year, of the use of funds awarded.** (Note: Patient confidentiality need not be broken to provide accountability.)

**Verification of crisis:** Please list a name (reference) with their contact information who can verify for us, that your child is in need of help.

Name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Healthy Connections Rep \_\_\_\_\_

**V. Would you/your organization be willing to help us obtain testimonials from those who benefited from a HOHF Grant?** (These can be anonymous if requested and would be used solely to communicate to our donors how the Hearts of Harvest Foundation is meeting its goals)

No \_\_\_ Yes \_\_\_ Contact person for this would be \_\_\_\_\_

**VI. Are there any timing issues with our grant funding that HOHF should be aware of?**

**VII. Can you think of any area where you and HOHF may be able to partner in future fundraising by HOHF. Examples: donating time/volunteers, services or future auction items in support of future HOHF fundraising events?** (Note: This is not a present commitment but rather areas for future discussion by HOHF and your organization as planning progresses on the next HOHF event)

Please add an additional sheet of paper with this application if more room is needed for further explanation.

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Signature of Grant Applicant

Title

Date

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Name of Grant Applicant (please type or print)

Applications can be mailed to:

HOHF  
793 S. Tracy Blvd. #149  
Tracy, CA 95376  
or to

CPFSJ-/Tracy Family Resource Center  
35 East 10<sup>th</sup> Street, Suite A  
Tracy, CA 95376

The Grant Selection Committee of HOHF will review all applications submitted and you will receive notification upon the selection of HOHF grant recipients.

*Questions regarding the completion of this form should be directed to:  
Becki Brown at [BrownIvine@aol.com](mailto:BrownIvine@aol.com)~ Founder and Executive Director of HOHF*