

Hearts of Harvest Foundation Grant Application



Supporting Children in a Health Crisis Through HOHF JP Matters of the Heart Fund Program

“The extending of One Hand to Another”

Hearts of Harvest Foundation (HOHF) is a non-profit organization based in Tracy California whose long range Mission is to provide financial assistance and support to families and their children of the community who are in a health crisis through its JP Matters of the Heart Fund Program. HOHF short-term goals support families with children who have heart disease. The goals of JP Matters of the Heart Fund Program will extend a hand to another by:

- ♥ Supporting local families with children who are hospitalized and/or ill for a long length of time. Providing financial assistance (but not limited to) for temporary housing, transportation, childcare, meal vouchers, medications/medical equipment, funeral costs.
- ♥ Supporting local families with children who require extra help in school, resulting from the effects of a health crisis. Providing financial assistance for diagnostic testing, medications not covered by insurance, tutoring and/or tuition.
- ♥ Supporting local families with children who would benefit from preventative healthcare programs such as *Fighting Childhood Obesity, Parenting Classes, Teen counseling, etc.* Having a sound accountability and research plan for administering grants.
- ♥ Forming partnerships with non-profit groups in our community.

It is the aim of the JP Matters of the Heart Fund to provide a minimum of (1), (but not limited to) grant of up to \$1000.00 annually to families/organizations who meet the qualifications that support the goals of this program.

A HOHF gift will be paid directly to the organization/business in which the service is provided to the family in crisis. The organization and/or recipient shall provide financial accountability to HOHF for payments allocated for the HOHF grant recipient.

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/Organization:

Family _____ Street Address _____

City _____ State _____ zip _____ How long at current residence _____

Your previous place of residence and for how long? _____

Child's Name _____ Age of Child _____

Primary Contact _____ Phone _____ Email _____

Secondary Contact _____ Phone _____ Email _____

1. **Where did you hear about HOHF and this grant program?**

2. **Please explain families' current health crisis with child:**

3. **Planned use for JP Matters of the Heart Funds:** *(What other expenses do you currently have that relate to your child's illness. Why are the funds needed and explain how the funds would be used)*

4. **Please provide examples, past (and/or planned future) use of funds that support the goals of JP Matters of the Heart Fund:***(If applicable)*

5. **HOHF board and Donors to HOHF require full accountability of funds dispersed. All Grant Recipients will be asked to provide detailed accountability of the use of funds awarded. Is your organization and/or service provider able to comply with this request?**

(Note: Patient confidentiality need not be broken to provide accountability.)

No _____ Yes _____

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 _____

6. 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 it's goals)*

No _____ Yes _____ Contact person for this would be _____

7. Are there any timing issues with our grant funding and your organization that HOHF should be aware of?

8. Can you think of any area(s) where you might be able to support the work of HOHF in the future. Examples: donating time/volunteering, donations for fundraising events put on by HOHF *(Note: This is not a present commitment but rather a topic for future discussion with HOHF).*

9. 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? _____

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

Signature of Grant Applicant

Date

Name of Grant Applicant (please type or print)

Title

*Applications can be mailed to 793 S. Tracy Blvd. #149 Tracy, CA 95376 or to CPFSJ-/Tracy Family Resource Center
35 East 10th 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. Grants are typically awarded every Spring. Exceptions may be considered based on the emergency need of the applicant's situation.