



Mission Statement: Journey of Hope Foundation is a Non-for-Profit Corporation focusing on the promotion and support of opportunities for indigent people, particularly children, in the United States, Central America and South America. Journey of Hope, through its mission, will help enable children and families envision a better future.

If your organization would like to be considered for a charitable donation, please submit the following:

1. A completed **Charitable Contributions Application**
2. Board member list and their affiliations.
3. Copy of the IRS 501(c)(3) federal tax exemption letter of determination.
4. A brief proposal (1-2 pages) that includes the following:
 - a. Mission statement/purpose of your organization
 - b. Detailed description of the need for funding
 - c. Description of how the contribution will benefit the quality of life in your community
 - d. The nature and sources of permanent funding
 - e. Annual budget and/or project budget

FUNDING LIMITATIONS – In general, Journey to Hope Foundation does not make grants to:

- Individuals
- Organizations which lack the 501(c)(3) tax-exempt status
- Political organizations, candidates or lobbying efforts
- Fraternal or veterans organizations
- Sports teams
- National or international organizations, unless their programs have significant local impact
- Religious or sectarian organizations, except when they are conducting programs secular in nature and have wide public impact
- Capital campaigns

The Journey to Hope Foundation Charitable Contributions Application

(Please print. Application must be completed in full.)

Date: _____

Organization: _____

Address: _____

Contact person: _____

Telephone: _____

E-mail: _____

Federal tax ID#: _____ - _____

Brief description of funding request: _____

Amount requested: _____

Are you a 501(c) (3)? Yes _____ No _____

Note: If **Yes**, please provide a copy of your **501(c)(3)** federal tax exemption letter of determination.

Date when funds are needed: _____

Make check payable to: _____

List the four largest committed donors and amounts.

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Current annual budget: _____

Amount of surplus or deficit last year: _____

List other contributions received from The Journey of Hope Foundation this calendar year and usage (if applicable):

Indicate how the contribution will be recognized publicly: _____

Comments: _____

The applicant states that all information above is correct and that funding money will be used in the way it was sought. At the completion of the project for which this grant is being applied for, a final report (including a financial statement) will be submitted within 90 days of completion; backed up with photos or other documentation showing how the money was used. For a long term project, periodic reports may be requested by Journey of Hope Foundation.

In the event that the money given through this grant is not used in the way it was meant to, Journey of Hope Foundation has the right to request the money be returned. By signing below, you are agreeing to these terms.

Signature: _____ Date: _____

Remember to attach all of the following documents:

- One to two-page proposal
- Board member list and their affiliations
- Any brochures or printed materials describing the project or event
- Copy of 501(c)(3) federal tax exemption letter of determination
- Annual budget or proposed budget

Note: The one to two-page proposal should include the mission/purpose of your organization, detailed description of the need for funding, description of how the contribution will benefit the quality of life in the community, and the nature and sources of permanent funding.

Please forward the completed package to

Journey of Hope Foundation
200 River Road
North Tonawanda, NY 14120

Thank you