

THE HINTON AREA FOUNDATION GRANTS TO CHARITABLE ORGANIZATIONS

Before completing this application, please thoroughly read. If you are unable to provide the information requested, state the reason in the space provided. The applicant assumes responsibility for insuring that the Grant Committee receives all of the requested information no later than January 31st of the current year. HAF assumes no responsibility for procuring information. HAF requests a hardcopy for all applications. Hardcopies must be mailed to: Hinton Area Foundation Grants Committee, P.O. Box 217, Hinton, WV 25951. **APPLICATION DEADLINE: January 31.**

APPLICANTS CONTACT INFORMATION

Name (Last, First, MI): _____ Title: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____ Email: _____

Organization: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____ Email: _____

REQUEST

Give an outline of the purpose of what the grant will be used for:

Name: _____ Date: _____

GRANT SELECTION

Select the Grant for which you would like to apply.

_____ Education

_____ Health & Human Services

_____ The Arts

_____ Public Recreations

_____ Beautification- Hinton/Summers Area

_____ Other (Description)

FINANCIAL NEED STATEMENT

1. Amount of Request

\$ _____

PERSONAL STATEMENT

Your Personal Statement statement should tell how many HAF events you have attended in the past year and if you have received a grant in the past how you believe that the HAF Grant has provided your community a benefit. If your grant is selected for funding, HAF requires that you submit a status report by October 1 to detail success of your project and how your success can be measured. Your Personal Statement should not exceed one thousand (1,000) words.

Name: _____ Date: _____

EXTRAORDINARY CIRCUMSTANCES (OPTIONAL)

If any extraordinary financial circumstances which you believe are not reflected in the information already submitted and which you believe affect your request that should be taken into consideration, please explain them below.

TRUTH IN SUBMISSION STATEMENT

I hereby certify that the information set forth in this application is true to the best of my knowledge. Furthermore, I hereby grant permission to the Hinton Area Foundation or its representative to contact me for additional information if needed to review additional information concerning my grant request.

Name:

Date

The Hinton Area Foundation makes discretionary and field-of-interest grants to charitable organizations in the area of education, health and human services, the arts, public recreations, and beautifications in the Hinton/Summers County area.