

One original and 4 copies of full application are to be transmitted no later than 4:00 P.M. on September 30, 2008 to:

Donald L. Hollowell Foundation
Attn: Grant Committee
P.O. Box 312299
Atlanta, GA 311 31
Telephone # (404) 344-2320

For DLHF Use Only:

Proposal # _____

Date received _____

The Donald L. Hollowell Foundation Application Form for 2008 Funding

Project Name: _____

Amount Requested from the foundation \$ _____

Other Funding for Project \$ _____

A. Applicant Identification:

Organization's Legal Name: _____

Contact Person's Name: _____ Title: _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

Executive Director's Name (if different from above): _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

B. Brief Summary Description of Project: (maximum 8 lines with 10 pt. type) Describe only what can be accomplished with funds being requested above.

C. Project Site(s): Enter location(s) of project activity

Street Address/Zip	Neighborhood

Applicant Certification of Accuracy: Application is complete and accurate to the best of my knowledge.

<i>Name/Title of Responsible Agency Representative</i>	<i>Signature</i>	<i>Date</i>

1
2
3
4

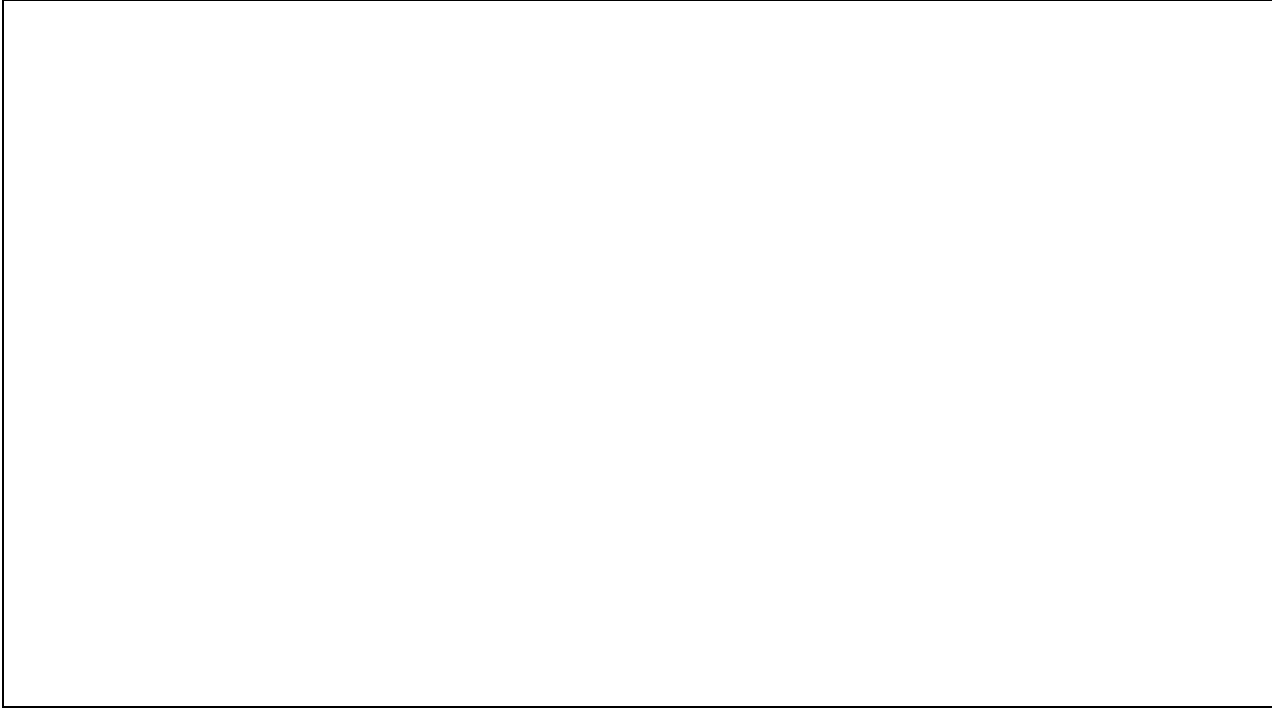
D. Detailed Project Description: Describe **specifically** what you propose to do with the funds being requested, how you propose to do it, and the specific use of requested funding. Will there be fee charges? If so how much? Please explain.

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed project description as requested in the text above.

5
6
7
8
9
0
1

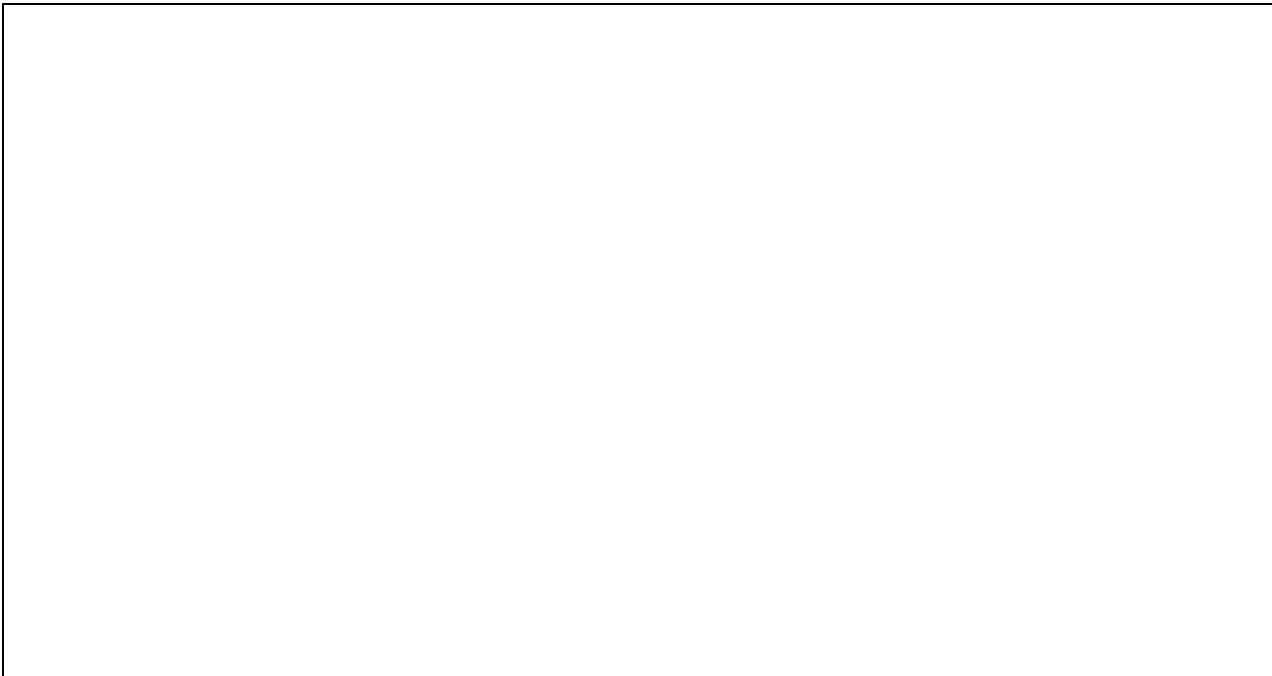
1
2
3
4

E. **Timetable:** Provide your timetable for execution of project activities.



5
6
7
8
9
0
1
2
3
4
5

F. **Project Beneficiaries:** *Information should relate only to activities supported by the requested funding.*
Describe specifically who will benefit and how they will benefit from the proposed activities, including demographics (such as age and gender of clients, neighborhoods to be targeted/served, or service income requirements)



6
7
8

1
2
3
4
5
6
7
8

8
1

2
3
4
5
6
7
8

0
1

2
3

4
5
6
7
8
9
0
1
2
3
4
5
6
7
8

G. Community Support: Is this project supported by the affected neighborhood(s)?

Yes - Attach letters of support. No - Describe problem(s). Don't Know

Describe plans to work with affected neighborhood(s)

H. Organizational Capacity:

1. Corporate Status: *Copy of incorporation documentation must be attached.*

Non-profit corporation; date of incorporation: _____

2. **Required Exhibits:** Check below if included. At the end of the application package

- Evidence of nonprofit status, IRS 501(c)(3)
- Current State registration
- Articles of Incorporation
- Corporation Bylaws
- Most recent audit/financial statement (not older than 2004) *with management letters from auditor/preparer*
- Copy of written financial procedures and responsibilities
- Listing of Board of Directors
- Resumes/references for principal staff who will be involved in the proposed activity
- Job descriptions for staff positions implementing the proposed activity

If any of the above items are applicable but not submitted with this application, explain:

1
2
3
4
5
6

I. Agency Experience:

Describe experience that relates specifically to the proposed program/activity. For agencies that have not previously implemented any activities similar to the proposal, describe other major areas of experience related to agency's ability to implement proposed project. Attach documentation of at least 12 months of experience in related area, (may include letters of support, funding commitments, and descriptions of past activities). Use additional pages as needed.

7
8
9
0
1
2
3
4

J. Employment and Client Participation:

- 1. Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?
 Yes, currently Not currently Willing to adopt policy as stated

5
6
7
8
9
0
1
2
3
4
5
6

K. Budget for Projects:

1a. Budget Summary: Include all line items associated with implementing the specific activities described in the detailed project description (E, page 2), regardless of funding source. Include only the costs associated with the proposed activity, not all agency/organization resources.

Line Item	a. Foundation \$ Requested by This Proposal	b. Project \$s from Other Resources ³	c. Total Project Cost \$ (= a +b)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
GRAND TOTALS \$			

7
8
9

1
2

1.b. Has the agency raised any funds toward this project? If yes, how much and how were the funds raised?

3
4
5
6
7
8

2.a. **Other Resources Projected \$:** "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind match provided by volunteers. For Other Resources needed for project implementation, please complete the following chart. Use the codes below in the Status Code column, and provide narrative explanations as needed on the bottom of this page. *(Attach additional pages if necessary).*

Proposed Source	C/IK ¹	\$ Value	Status Code ²	Anticipated Date In Hand
Total \$ Value:		\$		

0
1
2

¹ Indicate whether Resource is being provided as **Cash (C)** or as **In Kind (IK)** contribution.

² Status Codes for "Other Resources":

C	Committed: Attach documentation /provide timetable for submission of documentation. Professional in-kind match is considered as Committed <i>only</i> with written documentation. For continuing funding resources not yet committed for next year, provide most recent award letters.
A	Applied For: Provide status and estimated notification date in 2.c. below.
TBR	To Be Raised: Describe funding plan and timetable in 2.c. below.

3
4
5
6
7
8

2.b. **Volunteer Hours Calculation:** Volunteer hours are calculated at \$10/hour, and annual hours must be based on previous year's documented hours or on documented commitments for the year 2006. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed affidavit from the volunteer stating his/her normal hourly rate and the # of hours to be volunteered to this project in the year 2006.

1) <u>General Volunteers</u>	Number of <u>Annual Hours</u>	x	<u>\$10 Per Hour</u>	=	<u>Total \$ Value</u>
		x		=	
2) <u>Professional Volunteers (specify):</u>	Number of <u>Annual Hours</u>	x	<u>\$ Rate Per Hour (specify)</u>	=	<u>Total \$ Value</u>
		x		=	
		x		=	

0
1

2.c. Explanation of above entries as needed:

2
3
4
5

L. Indicate whether you have included the following documentation/exhibits with this application:

	<i>Yes</i>	<i>No</i>	<i>NA</i>	<i>If applicable but not included in package, when will it be submitted? (date)</i>
IRS 501(c)(3)				
Current State registration/license				
Articles of Incorporation				
Corporation By Laws				
Most recent audit/financial statement (no older than 2004); may be bound				
Grant management procedures				
Listing of Board of Directors				
Resumes/references principal staff				
Job descriptions for implementing staff				
Letters of support and match funding				
Evidence of site control				

NOTE: "NA" means Not Applicable to this proposal, or the documentation is not required for government agencies. If any documentation *is* applicable but not provided, you must explain reason that it is not included in this package:

1
2
3

4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

