



# REQUEST FOR FUNDS

## For 2021 Fund Year

The mission of **Ali's Hope Foundation** is to assist young adults diagnosed with mental health issues to learn to live in recovery, accept their diagnosis and have hope for their future. This Foundation helps youth receive support services as they integrate back into the community. These services may include: counseling, case management, medication evaluation and treatment that are not normally covered or paid for by government sources or insurance carriers.

### INSTRUCTIONS

**Due Date:** October 31, 2020

If you choose to submit by US Mail, please allow extra time for delivery so that it arrives on or before October 31, 2020.

**Submit by US Mail or email to:**

Ali's Hope Foundation  
Attn: Joe Gallagher/2021 Funding Request  
1180 Spring Center S. Blvd, Suite 210  
Altamonte Springs, FL 32714  
joe@alishopefoundation.org

**Include the following in your request:**

- Completed Grant Application (starting on the next page), along with the following attachments:
- Program Description (limit one page)
- A statement of why support from the Foundation is important
- Brief History of the Organization
- Program Budget
- A Budget for Current Fiscal Year
- Form 990 (most recent year filed, CD preferred, hard copy accepted)
- Board List
- IRS Determination Letter
- A description of the evaluation component of the program
- Previous grant recipients must include a report regarding how previous grant funds were utilized and program objectives were met.

**Questions?**

Please contact Joe Gallagher at 407-463-5240 or [joe@alishopefoundation.org](mailto:joe@alishopefoundation.org).



1) Name of Organization \_\_\_\_\_

2) Non-Profit or Federal ID number \_\_\_\_\_

3) Type of Organization

501(c)3

Government/School

For Profit

4) Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

5) Do you have a website?

Yes, the address is \_\_\_\_\_

No, we do not have a website.

6) Do you list donors on your website or other printed materials?  Yes  No

7) Briefly explain the purpose of your funding request.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



8) Briefly explain the objectives of your project

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9) Project start date \_\_\_\_\_ Project end date \_\_\_\_\_

10) Do you have the capability to offer your services virtually in case in-person contact is not possible?  Yes  No

11) Annual operating budget of your organization \_\_\_\_\_  
Total project budget \_\_\_\_\_  
Amount of funds requested from Ali's Hope \_\_\_\_\_

12) How will results be measured?  
\_\_\_\_\_  
\_\_\_\_\_

13) How often will results be measured?  
 Monthly  Quarterly  Annually



14) County where headquarters is located: \_\_\_\_\_

15) Counties to be served

Seminole, FL       Orange, FL       Other \_\_\_\_\_

**Post-Grant Requirements:**

During the time for which funding is granted, the following requirements must be met. Failure to do so will generally result in denial of further Foundation support and, in serious cases, possible demand for return of the sums granted:

1. A report on the program's progress and how the grant was utilized must be submitted 10 months after the notification of the grant. Minimally, this report shall include:

- a. Demonstration of ongoing monitoring of the program.
- b. Evaluation of program outcome inclusive of whether and how objectives have been achieved and the impact of the program.

2. Demonstrated ongoing efforts, if applicable, of obtaining other sources of funding.

3. Timely notification to the Foundation should circumstances require the applicant to terminate the program, and an accounting of the funds granted by the Foundation.

By submitting this proposal to Ali's Hope Foundation as the applicant or its duly authorized representative, I hereby agree and consent that Ali's Hope Foundation may disclose to any employee, trustee or professional representative of the Foundation, or to other potential funding sources or their representatives for possible collaboration, this proposal and all supporting materials which have been or will be submitted in connection therewith, including but not limited to the applicant's Letter of Inquiry.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_