

## Please attach this sheet to the front of your application

Name of Organization:		
Project Name, if applicable:		
Address:		
Telephone:	Fax:	
Email Address:	Web Address:	
Name and Title of Contact Person:		
Name of Executive Director:		
Federal Tax ID number:	Year the organization was founded:	
Mission of the Organization:		
Geographic area served by the program/project:		
Amount requested: \$		
Date and Amount of previous Hilles Fund grant, if any:		
Гуре of grant you are requesting: ☐ General Operati	ng 🗆 Project	
Project Dates: Beginning	End	
Summarize the purpose of the grant:		
Organization's Annual Budget: \$	Project Budget, if applicable: \$	
Major Funding Sources with amounts:		
Submitted by: Name:	Title:	
Sastrices by Numer	Date:	
	Date	

The Allen Hilles Fund c/o Pembroke Philanthropy Advisors 16 E. Lancaster Avenue Suite 102 Ardmore, PA 19003 610.896.3868 610.896.3869 [fax] www.hillesfund.org



To be complete, your application must include the following information about your organization and the activities for which you are applying for support.

S	organization and the activities for which you are applying for support.		
ш	Description of your organization		
E L		<ol> <li>Mission</li> <li>Services provided</li> <li>Leadership, including officers, directors and Board members</li> <li>Organization budget, including anticipated sources of income</li> <li>Organization background and history (if a first time applicant)</li> </ol>	
	Description of the activities for which you are seeking funding (If your request is for operating support, please substitute "organization" for the word "project" in your description.)		
		<ul><li>6. Geographic area served by the project.</li><li>7. Name and purpose of the project. Total project budget; amount requested; amount still needed.</li></ul>	
O		8. Who will benefit from the project, including number of people served? How will the project help those served? What do you expect to be its outcomes?	
Z		9. Describe how the project will operate. Include hours, days and months of operation, full- and part-time staff and their qualifications. If volunteers are	
_		used, describe how they are recruited and trained.  10. Who will be in charge of the project? What are their qualifications?  11. How and when will you measure the success or outcomes of this project?	
A		12. Detailed budget. Expenses should include line items, with amounts for staff (number of full-time and part-time staff and the amount of their time devoted to the project), materials, supplies and other costs. Income should	
U		include other funding available or anticipated.	
_	Attachments:		
4		Cover Sheet (page 1) 1 copy of the IRS "determination letter" demonstrating your tax-exempt status	
A P		Leadership, including officers, directors and Board members Organization budget, including anticipated sources of income Your most recent annual Financial Statement (audited if available) Program budget, if applicable	