



Our mission is to promote the health, welfare, and education of children in Saratoga County

**AWARD APPLICATION**

MUST BE TYPED OR COMPUTER REPRODUCED

Date: \_\_\_\_\_

**CONTACT INFORMATION:**

Full Legal Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization website: \_\_\_\_\_

Organization President/Executive Director: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact person (If different): \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**PROPOSAL REQUEST**

Program/Project Name: \_\_\_\_\_

Total Program Budget: \_\_\_\_\_

**Requested Amount:** \_\_\_\_\_

Percent of Total Budget: \_\_\_\_\_

**Short description of the SPECIFIC use for requested funds:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program/Project period dates: \_\_\_\_\_

Is this a multiyear program: Yes \_\_\_\_ No \_\_\_\_

Geographic area to be served: \_\_\_\_\_

Number of children in Saratoga County to be served by this request: \_\_\_\_\_

Please indicate how your request fits within the Hawley Foundation's strategic interests:

\_\_\_\_\_

Most recent awards received from the Hawley Foundation:

Amount(1): \_\_\_\_\_ Date(1): \_\_\_\_\_

Amount(2): \_\_\_\_\_ Date(2): \_\_\_\_\_

Amount(3): \_\_\_\_\_ Date(3): \_\_\_\_\_

Please list other money sources contacted for this year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **ORGANIZATION INFORMATION**

501 (c)(3): Yes \_\_\_\_ No \_\_\_\_

Mission Statement of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total No. of Board Members: \_\_\_\_\_ Total No. of Staff: \_\_\_\_\_ Total No. of Volunteers: \_\_\_\_\_

Total Organization Budget: \_\_\_\_\_

Fiscal Year: From: \_\_\_\_\_ To: \_\_\_\_\_

Brief Description of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Population served (include ages of children): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PROPOSAL DOCUMENTATION**

Please attach the following documents to the application as they relate to this proposal

1. Full Proposal Narrative
2. Proposal Summary
3. Copy of Agency IRS tax-exemption letter or copy of 501 (c) (3) form
4. Recent financial statement (including breakdown of current income sources by percentage)
5. Annual operating budget
6. Most recent tax return

**Please send the original and 6 (six) copies of the Application, the Full Proposal Narrative and the Proposal Summary to the address below. We only require one copy of items 3-6 listed above.**

**The Hawley Foundation for Children  
P.O. Box 1017  
Saratoga Springs, NY 12866**

- **All applications must be received by MARCH 1<sup>st</sup> of the current year.**
- **Award and Denial Notifications will be sent by APRIL 1<sup>st</sup>.**
- **Award Checks will be presented in person at a Hawley Foundation Event scheduled for May 21st. (Details to be included in award letter)**

**For more information, please email the Hawley Foundation at [info@hawleyfoundation.org](mailto:info@hawleyfoundation.org).**