The ForMatt Foundation

Eligibility
Ages 5 - 18

**11 Forest Hill Road, Meredith, NH 03253**
603-707-4736 or vint@formattfoundation.org
www.formattfoundation.org

# GRANT APPLICATION

## PART I – GENERAL INFORMATION

Name of child who will benefit from assistance _____ D.O.B.___/___/___ Grade _____

Parent/Guardian Name(s) _____

Physical Address _____ City/Town_____ State_____ Zip Code _____

Mailing address if other than above _____

Phone (home) _____ Phone (alternate) _____ Date of Application _____

Parent/Guardian email _____

School Name_____ School Address_____

School Phone_____ School Contact Person _____

How did you hear about The ForMatt Foundation? _____

| List all Members of Household | D.O.B. | Relationship to Child Applying | Social Security # |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

## PART II - MONTHLY HOUSEHOLD BUDGET

| Household Income | Amount | | Expenses | Amount |
|---|---|---|---|---|
| Mom/Guardian Gross Income* | _____ | *Please see Check List on page 5 | Rent | _____ |
| Dad/Guardian Gross Income* | _____ | for required documents | Mortgage | _____ |
| Social Security Income | _____ | | Food | _____ |
| Food Stamps | _____ | | Heating | _____ |
| Fuel Assistance | _____ | | Electricity | _____ |
| Unemployment | _____ | | Medications | _____ |
| Spousal Support | _____ | | Car Payment | _____ |
| Private Disability Insurance | _____ | | Telephone | _____ |
| Pension | _____ | | Medical Ins. | _____ |
| Child Support | _____ | | Car Insurance | _____ |
| Other Income | _____ | | Unusual debt | _____ |
| **TOTAL** | _____ | | **TOTAL** | _____ |

**School Lunch**
**Does your household meet eligibility requirements to receive (circle): Free Lunch (Yes/No) Reduced Lunch (Yes/No)**
Is your child home schooled/other? Yes/No Please explain other _____

**PART III - FUNDING REQUEST**

Program/Activity Name _____

Date(s) Duration of Program _____

Agency Sponsoring Program/Activity _____

Agency Contact Person _____

Agency Address_____ Agency Phone _____

How much are you able to contribute for this opportunity for your child? _____

Total Cost of Program/Activity_____ **TOTAL ASSISTANCE REQUESTED _____**

**APPLICANT'S PARENT/GUARDIAN AUTHORIZATION TO FURNISH INFORMATION**

The financial information provided with this application is considered confidential and shall not be released by the Foundation to any other party, except as necessary to government agencies to document the Foundation's eligibility for non-profit status. If revealed in this manner, the Foundation will make every effort to release the financial information only, without any identifying information.

I understand if my child is awarded funding, he/she may be interviewed by a ForMatt Foundation Board Member to be used for documentation and marketing purposes. My child's name will never be used unless the Foundation has my written permission to do so. I authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order, or any other such person or organization having information concerning my child's eligibility for assistance to furnish such information to the overseer of The ForMatt Foundation.

Signature Parent/Guardian _____ Date _____

Signature Parent/Guardian _____ Date _____

**PART IV – STATEMENT FROM CHILD**

The following is to be completed or dictated by child. Use the space below or attach a sheet to the back of this application. Please tell us in your own words how The ForMatt Foundation can help you pursue your interests. Tell us what it would mean to you to be given the opportunity to participate in this activity.

The ForMatt Foundation

# PART V - SUPPORT LETTER

The Letter of Support **must** be written by a non-family member who is an adult **and** is someone **not** affiliated with the agency providing the service for which funding is being requested. The letter should be written by someone who can describe how participation in this activity will have a positive impact on the child. Giving specific examples of how participation will benefit the child is essential to writing a meaningful Letter of Support. For example: Participation in the activity will strengthen the child's social skills, increase self-esteem, and provide a positive and fun experience. **Note:** The application will not be complete until The ForMatt Foundation has received this letter of support.

Child's Name _____ Activity/Program _____

Please use the space below or attach a letter of support to this sheet and send to:

The ForMatt Foundation
11 Forest Hill Road
Meredith, NH 03253

**Support Letter Submitted By**:

Name _____

Address _____

Phone _____ E-mail _____

Association/Relationship with Child _____

The ForMatt Foundation

# PART VI - Use of Photo Waiver

The ForMatt Foundation is respectfully requesting permission to photograph your child participating in the grant funded activity. The photos will be used strictly for The ForMatt Foundation promotional materials and fundraising efforts.

I,_____
Print Name of Parent/Guardian

- ❑ **Give my permission**
  Please check the boxes where you give The ForMatt Foundation authorization to use your child's image. **Please Note:** The ForMatt Foundation **will never** publish your child's name, where your child resides, or where your child attends school.

  - ❑ ForMatt Foundation brochures
  - ❑ ForMatt Foundation fund raising presentations (typically in slide show or display board)
  - ❑ ForMatt Foundation posters
  - ❑ ForMatt Foundation flyers
  - ❑ The ForMatt Foundation website only with my approval before images are posted
  - ❑ The ForMatt Foundation Facebook page only with my approval before images are posted

- ❑ **Do not give my permission**

to The ForMatt Foundation to take photos of _____
Print Name of Child

_____ _____ _____
Parent or Guardian Signature Print Name Date

The ForMatt Foundation

## PART VII - Grant Application Checklist

Applicant must check and provide each item on the checklist, sign the checklist, and submit the checklist when submitting the grant application. Please provide all information requested on the grant application.

### Required Items

- ❑ Complete all sections of the grant application, Part I through Part VII
- ❑ Copy of most recent W-2 form for each adult in household
- ❑ Copies of last 2 paystubs for each adult in household
- ❑ Statement or Dictated Statement From Child
- ❑ Support Letter (Must be written by an adult non family member, who is NOT affiliated with the agency providing the service for which funding is being requested.)
  - ❑ Support Letter included
  - ❑ Support Letter is being sent separately
- ❑ Use of Photo Waiver
- ❑ Activity/Agency Brochure or Website (Describing activity and/or equipment for which funding is being requested)
- ❑ Completed Activity Registration Form

_____ _____

Parent/Guardian Signature Date