



Hearts of Harvest Foundation Grant Application

Supporting Children in a Health Crisis Through HOHF JP Matters of the Heart Fund Program

“The extending of One Hand to Another”

<http://heartsofharvest.org>

Hearts of Harvest Foundation (HOHF) is a non-profit organization based in Tracy California whose long range Mission is to provide financial assistance and support to families and their children of the community who are in a health crisis through its JP Matters of the Heart Fund Program. HOHF short-term goals support families with children who have heart disease. The goals of JP Matters of the Heart Fund Program will extend a hand to another by:

- ♥ Supporting local families with children who are hospitalized and/or traumatized for a long length of time. Providing financial assistance (but not limited to) for temporary housing, transportation, childcare, meal vouchers, medications/medical equipment, funeral costs.
- ♥ Supporting local families with children who require extra help in school, resulting from the effects of a health crisis. Providing financial assistance for diagnostic testing, medications not covered by insurance, tutoring and/or tuition.
- ♥ Supporting local families with children who would benefit from preventative healthcare programs such as *Fighting Childhood Obesity, Parenting Classes, Teen Counseling* which are coordinated by Sutter Tracy Community Hospital's Healthy Connections Resource Center.
- ♥ Having a sound accountability and research plan for administering grants.
- ♥ Forming partnerships with non-profit groups in our community.

It is the aim of the JP Matters of the Heart Fund to provide a minimum of (1), (but not limited to) grant of up to \$1000.00 annually to families/organizations who meet the qualifications that support the goals of this program.

A HOHF gift will be paid directly to the organization/business in which the service is provided to the family in crisis. The organization and/or recipient shall provide financial accountability to HOHF for payments allocated for the HOHF grant recipient.

Families applying for an HOHF grant must reside in San Joaquin County.

Name and Address of Requesting Family/Organization:

Organization _____ Address _____

Family _____ Address _____

Child's Name _____

Fax _____

Primary Contact _____ Phone _____ Email _____

Secondary Contact _____ Phone _____ Email _____

I. Organization's Current Mission/Goals: *(If applicable)*

II. Please explain families current health crisis with child:

III. Planned use for JP Matters of the Heart Funds: *(Please provide as much detail as possible including why the funds are needed and how the funds would be used)*

IV. Please provide examples, past (and/or planned future) use of funds that support the goals of JP Matters of the Heart Fund: *(If applicable)*

V. HOHF board and Donors to HOHF require full accountability of funds dispersed. All Grant Recipients will be asked to provide detailed accountability of the use of funds awarded. Is your organization and/or service provider able to comply with this request? *(Note: Patient confidentiality need not be broken to provide accountability.)*

No ___ Yes ___

VI. Would you/your organization be willing to help us obtain testimonials from those who benefited from a HOHF grant? *(These can be anonymous if requested and would be used solely to communicate to our donors how the Hearts of Harvest Foundation is meeting it's goals)*

No ___ Yes ___ Contact person for this would be _____

VII. Are there any timing issues with our grant funding and your organization that HOHF should be aware of?

VIII. Can you think of any area where your organization and HOHF may be able to partner in future fundraising by HOHF. Examples: donating time/volunteers, services or future auction items in support of future HOHF fundraising events? (Note: This is not a present commitment but rather areas for future discussion by HOHF and your organization as planning progresses on the next HOHF event)

IX. Is one or both parents of child in crisis employed at this time? _____

Does the family of child in crisis have Health Insurance at this time? _____

Please feel free to use the space below to answer further, any of the application questions that you may require additional space to answer.

Signature of Requestor

Date

Name of Requestor (please type or print)

Title

Questions regarding the completion of this form should be directed to: [Becki B.Brown at BrownIvine@aol.com](mailto:Becki.B.Brown@BrownIvine@aol.com)~ Founder and Executive Director of Hearts of Harvest Foundation.
The Grant Selection Committee of HOHF will review all applications submitted and you will receive notification upon the selection of HOHF grant recipients. Grants are typically awarded every Spring. Exceptions may be considered based on the emergency need of the applicant's situation.