



**HARMONY 4 HOPE  
GRANT APPLICATION FOR ORGANIZATIONS**

I, \_\_\_\_\_, the undersigned duly elected or appointed agent of \_\_\_\_\_, (“Grant Applicant”) hereby submit the following information and assurances in support of its application for a grant from Harmony 4 Hope, an Illinois not for profit corporation (“H4H”).

1. Grant Applicant contact person’s name, title, address, telephone number, fax number, and email:
2. Grant Applicant’s name, title, address, telephone number, fax number, and email:
3. Grant amount sought: \$ \_\_\_\_\_.
4. What is your organizational form? (Corporation, Partnership, LLC, etc.)

\_\_\_\_\_  
(Please attach a copy of your Articles of Incorporation or other organizational document.)

5. Is your organization tax exempt under 501(c) of the Internal Revenue Code? \_\_\_\_ (y/n). If yes, please provide a copy of your IRS determination letter.
6. Please describe the nature and activities of your organization. You may submit brochures or other descriptive written information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please describe any prior work done by your organization in the areas of rare disease research.

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8. Please describe the purpose for which you seek the proposed grant, and how the purposes of H4H will be advanced if you receive the grant.

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9. Provide a brief description of the need or problem that the grant money will help address. Include a timeline for implementing such programs or activities.

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10. Please provide an attached proposed budget that shows in detail how the requested grant money will be used.

11. Describe the professional and academic credentials of the persons who will be responsible for any grant awarded.

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iv) \_\_\_\_\_

v) \_\_\_\_\_

vi)

vii)

11. Please provide financial statements for your organization for the prior two years.

12. Does your organization carry on propaganda or otherwise attempt to influence legislation? \_\_\_\_ (y/n). If “yes,” please state the nature and extent of such activities.

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13. Does your organization participate in, or intervene in (including the publishing or distribution of statements), political campaigns on behalf of or in opposition to any candidate for public office? \_\_\_\_ (y/n). If “yes,” please state the nature and extent of such activities.

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14. Please list the names of the organization's officers, directors of the board, or similar governing body.

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15. On the lines provided, please state the name and relationship of any business or family member, if known, between any of the grant applicant’s directors, officers, or employees, and

- a. A member, officer, or director of H4H;
- b. A donor to H4H, or a member of a donor’s family;
- c. A corporation controlled by a donor to H4H.

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16. Is your organization controlled by or operated in connection with any other organization? \_\_\_\_ (y/n). If “yes,” please list the names of such organizations and describe, in detail, the nature of such control or connection (ex: overlapping boards of directors).

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17. Please provide any website (URL) addresses for the organization and any subsidiaries or affiliates.

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### **Verifications:**

On behalf of the Grant Applicant, I verify that any grant award shall be used in furtherance of tax-exempt, charitable purposes. I verify that the grant applicant is not listed by the United States government as a prohibited recipient of charitable funds, such as on the internet website of “[www.treas.gov/offices/enforcement/ofac/sanctions/terrorism](http://www.treas.gov/offices/enforcement/ofac/sanctions/terrorism).”

I verify personally that all of the above-listed information is true and correct.

Signature

Print

Office or Title, Grant Applicant

Date

