



Harvest of Hope Foundation

P.O. BOX 358025
Gainesville, FL 32635

Phone: 352.372.1312

Fax: 352.372.1312

Web: www.harvestofhope.net

Email: kellerhope@@cox.net

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HARVEST OF HOPE FOUNDATION GRANT APPLICATION

Thank you for your interest in the Harvest of Hope Foundation, a not-for-profit, private foundation established in 1997 for the purpose of providing financial support to service programs for migrant farm workers and families. The Foundation also provides aid to offset the cost of emergencies for migrant men, women, and children.

In completing this application, the applicant may supply additional supporting information in the form of attachments. An applicant organization must be designated as not-for-profit or tax exempt (please provide proof of status with this application).

Name of Organization: _____

Contact person & Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Internet site: _____

Amount requested: _____

Describe the purpose and activities of the grant, including the primary audience (recipients), statement of proof of migrant eligibility for those to be serviced, the number, and location of program or services. Also include a concise description of the need or problem to be addressed, and activities to be conducted:
