

**Tina B. Rose Herrmann and Kody Maynard Foundation**

**Healing Hearts Memorial Fund**

The Healing Hearts Memorial Fund was established by the family of Tina B. Rose Herrmann and Kody Maynard. The purpose of the fund is to provide grants and assistance to survivors and victims of violent crimes.

The foundation accepts grant applications for survivors and victims of violent crimes, as well as, groups working to promote awareness, education and prevention initiatives.

The foundation is committed to supporting all types of services/ programs and applicants are encouraged to apply for assistance no matter their need.

Each applicant is permitted to submit one application per funding cycle.

**Application and Funding Cycles:**

1. November 1, 2011 to January 31, 2012 (grantees announced Feb 28, 2012)
2. February 1 to May 31, 2012 (grantees announced June 30, 2012)
3. June 1 to October 31, 2012 (grantees announced Nov 30, 2012)

**Please Note:** Funds will be sent directly to the company/organization providing assistance to the grant recipient. No funds will be sent directly to individuals only the organization providing services or the organizations conducting education/awareness activities.

**APPLICATION FOR GRANT**

**Name of Individual/Family/Organization**

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Organizations Only**

**IRS identification number and/or exemption number:** \_\_\_\_\_

(Please include copy of your I.R.S. 501 (c) (3) approval)

**Contact Person/Title** \_\_\_\_\_

**Address and Phone #** \_\_\_\_\_

Amount of funds requested

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Brief description of how funds will be used:

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**For Organizations/Projects Only**

**Individuals Do Not Need to Complete This Section**

**Attach proposal and use the following format. Information should include:**

- Concise history of your organization, including past and present programs and activities.
- Detailed description of the project, including the method of implementation, objectives, timetable and number of people to be served by the grant.
- The names and qualification's of the persons supervising the project.
- Detailed project budget, including income sources and expenditures. Three bids desired for purchased services and/or equipment.
- Your most recent financial statement and the operating budget of your organization.
- How you plan to evaluate the projects effectiveness.
- Plan for continuing the project after Foundation funding ends.
- A statement from organization's governing body authorizing this request and agreeing to complete the project if funded.

**Please submit two copies of this entire completed application.**

\_\_\_\_\_  
Signature of person completing this application

\_\_\_\_\_  
Date

Please Mail Applications to:

**FAIRFIELD COUNTY FOUNDATION**

162 E. Main Street P.O. Box 159 Lancaster, Ohio 43130 (740) 654-8451