



Hoopin-It-Up For A Brighter Tomorrow

Grant Application

Applicant Information

Name of Applying Recipient:

Organization Name: [Your Organization's Name]

Contact Person: [Contact Person's Full Name]

Title: [Contact Person's Title]

Phone Number: [Contact Person's Phone Number]

Email Address: [Contact Person's Email Address]

Mailing Address: [Your Organization's Mailing Address]

2. Purpose of the Organization

Mission Statement:

[Your Organization's Mission Statement]

Purpose of the Organization:

[Your Organization's Purpose]

3. Use of Funds

How the Funds Will Be Used:

The funds from the Hoops For Youth Foundation will be used to:

Breakdown of Program Participants:

Demographic	Number of Kids	Percentage (%)	Number of Adults	Percentage (%)
Race				
African American	[#]	[%]	[#]	[%]
Hispanic/Latino	[#]	[%]	[#]	[%]
Caucasian	[#]	[%]	[#]	[%]
Asian	[#]	[%]	[#]	[%]
Other	[#]	[%]	[#]	[%]

Demographic	Number of Kids	Percentage (%)	Number of Adults	Percentage (%)
Age				
0-5 years	[#]	[%]	-	-
6-12 years	[#]	[%]	-	-
13-18 years	[#]	[%]	-	-
19-64 years	-	-	[#]	[%]
65+ years	-	-	[#]	[%]
Gender				
Male	[#]	[%]	[#]	[%]
Female	[#]	[%]	[#]	[%]
Non-binary	[#]	[%]	[#]	[%]

4. Statement of Need

Why We Should Receive This Grant:

Connection to Hoops For Youth Foundation:

5. How much are you requesting:

6. Supporting Documents

Please find attached the following supporting documents:

- [Organization’s IRS Determination Letter]
- [Organization’s Annual Budget]
- [List of Board of Directors]
- [Letters of Support] – provide 2 letters of support

7. Declaration

I, [Your Full Name], as [Your Title], declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of this application or the forfeiture of any grant awarded.

Signature:

Date:

For any questions or further information, please contact Paul A. Miller at (703) 383-1330 or via e-mail at pmiller@mwcapitol.com.