



GENERAL PURPOSE APPLICATION COVER SHEET

This document must be completed in its entirety. Information may be handwritten

Organization _____ Federal ID# _____
Business Address _____
Mailing Address (if different) _____
City _____ State _____ Zip _____ County _____
Organization Phone _____ Fax _____ Web Address (URL) _____
Chief Executive Officer _____ Phone _____ Email _____
Contact Person _____ Phone _____ Email _____
Contact Person's Title _____

Information about purpose for which funds are requested

Description of purpose _____

Specifically, describe how HelpAmerica Foundation funds will be used _____

Amount requested for consideration _____

Other funding sources from which support is requested _____

Geographic area to be served _____

Number of beneficiaries to be served _____

Information about applicant organization

If additional space is needed, continue on blank sheet.

Purpose of Organization (general) _____

Established _____

Current tax-exempt status (If exempt under another organization, include evidence from IRS of that exemption and the relationship between the exempt organization and the applicant organization.)

- 501(c) (3) and 509(a) (if preliminary, date advance ruling ends) _____
- Government entity (explain and include documentation) _____
- Other (explain and include documentation) _____

Organization financial information (do not include in-kind contributions) Ending date of fiscal year _____

Budget for current fiscal year: Income _____ Expenditures _____

Major sources of support and amounts:

Already committed: _____

Expected: _____

Major sources of support (and amounts): _____

Financial summaries for the current and three most recent fiscal years:

| Year | Income (a) | Benefits Disbursed (b) | Expenditures (c) | Expenditure % (c)/(a) |
|-------|------------|------------------------|------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If grant is awarded, what is the organization name to which funds should be disbursed, if different from above?

I certify that the above information is correct and that the governing board of this organization has approved the submitting this grant application to the HelpAmerica Foundation

Signature: _____

Printed Name _____

Title _____ Date _____

Send Application materials to:

HelpAmerica Foundation
c/o AtHome America, Inc.
5625 W. 115th Street, Alsip, IL 60803

Attn: Linda "DC" Curry
HelpAmerica Foundation Coordinator