

PURPLE HEART FOUNDATION  
P.O. Box 49 • Annandale, Virginia 22003  
Tel: 703-256-6139 Extension 109

THIRD PARTY GRANT REQUEST

**OPEN SEASON BEGINS July 1st AND ENDS September 30th.**

**This form is the only form accepted. Do not alter the form.** Due to the multiple additional financial documents required, we do not accept emailed grant documents. Please send your complete package to the above address. If additional space is needed, attach another sheet of paper, and indicate which item you are answering.

(1) Amount Requested: \$ \_\_\_\_\_

(2) Grantee Name \_\_\_\_\_

(3) Person Responsible for the Administration of the Grant: \_\_\_\_\_

Typed or Printed Name

Title

Address

Telephone

E-mail

(4) Grantee Street Address \_\_\_\_\_

(5) Grantee City, State, Zip \_\_\_\_\_

(6) Grantee Federal EIN \_\_\_\_\_

(7) Grantee Tax Exempt Status \_\_\_\_\_

**A copy of your tax exemption letter must be submitted with this grant request**

(8) Grantee Fiscal Year

End

Day Mo. Year

(9) Date and State of incorporation or organization:

(10) We request the Grant for the following program: (Describe the use of the grant proceeds as it relates to the proposed program; if needed, attach additional information):

(11) The grant will be used for the following budget items: (Identify the uses of the grant funds and the amounts requested for each item. If needed, attach additional information.)

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(12) We expect to start and complete our program by:

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

(13) Financial information **must be submitted with this Grant Request:**

- a. Organization Budget
- b. Budget for requested grant funds
- c. Most recent Financial Audit
- d. Most recent IRS 990
- e. IRS Determination Letter

(14) Conflict of interest policy: (Answer yes or no)

- a. Do you have a conflict of interest policy? \_\_\_\_\_ .
- b. Does your policy require that individuals who directly or indirectly administer grant funds disclose any actual or potential conflicts of interest pertaining to the use of these funds? \_\_\_\_\_ .
- c. When was your policy adopted? \_\_\_\_/\_\_\_\_/\_\_\_\_.
- d. Is your policy currently in effect? \_\_\_\_\_.

If your conflict of interest policy is changed or amended during the term of the administration of the granted funds, you will be required to provide a copy of the revised policy to the Foundation. The grant funding is conditioned upon the maintenance and enforcement of your conflict of interest policy. **Please supply a copy of the conflict of interest policy with this Grant Request.**

(15) List all current directors and officers of your organization and their address and telephone numbers.

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Name, Address, Telephone

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Name, Address, Telephone

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Name, Address, Telephone

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Name, Address, Telephone

(16) Additional Information: (attach extra response sheets where necessary)

- a. Have you received a grant from the Purple Heart Service Foundation?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, indicate the date of the grant, the amount and purpose for which it was used.
- b. Is the proposed grant based on matching funds? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, attach the terms and conditions of the associated matching grant.
- c. Have you submitted a grant request for the same project to any other sources and if so, have you received grant funding for this project? Yes\_\_\_\_\_ No\_\_\_\_\_

d. Is any person or firm receiving any compensation that is associated directly or indirectly in obtaining this grant on your behalf? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, identify the person or firm receiving the compensation and the terms and conditions associated with the same.

e. Is this grant request part of a goal/campaign? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, identify the amount of money required to meet this goal/campaign and what plans you have to return granted funds should you fail to meet the goal/campaign.

f. Indicate what percentage of the funds requested are being used for administrative purposes and/or fundraising costs.

Administrative costs \_\_\_\_\_%

Fundraising costs \_\_\_\_\_%

We, the representatives of \_\_\_\_\_ (Grantee) represent and certify that all information provided herein is true and correct to the best of our knowledge, information and belief. We further acknowledge that the Purple Heart Foundation is relying on the information provided and that we may be required to provide such other and further documentation as may be required on an on-going basis to supplement the information provided for herein. In addition, the undersigned hereby authorizes the Purple Heart Foundation to identify the Grantee, if approved as a grant recipient, and provide information to the public and any regulatory agencies concerning the grant and the information provided for herein. Please be advised the Purple Heart Foundation reserves the right to not fund this grant, in whole or in part, at our sole and absolute discretion to include our determination of our financial condition during the term of the grant. The Grantee further acknowledges that it will not rely upon any representation made by any person or persons on behalf of the Grantor except that which is signed in writing by the Executive Director of the Grantor and countersigned by the President.

Submitted on behalf of \_\_\_\_\_ (Grantee) this \_\_\_ day of \_\_\_\_\_, 20 \_\_.

\_\_\_\_\_  
Signature

**Contact Phone Number** \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name and Title