

Hilltop Grant Application



Project Coordinator Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Email Address	

Project Volunteers Contact Information (attach additional names)

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

Project Description

Tell us the details of the project. What is your project? Who will it benefit? Why does it make a difference?



Project Financial Form (please attach)

Projected Start and Completion Dates

Please list the projected start date and completion date of your project.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that Foundation Outreach International, which administers the Hilltop Outreach Program, only provides funding for approved projects. Foundation Outreach International assumes no responsibility, liability, or risk associated with any projects that it elects to support through funding. If my project is approved for funding by Foundation Outreach International, I accept Foundation Outreach International funds with this understanding. I understand that Foundation Outreach International will not manage, direct, control, or supervise my project. If Foundation Outreach International grants funding for my project, to the extent allowed by law, I agree to not sue Foundation Outreach International for any reason whatsoever related to my project, and I agree to indemnify and hold harmless Foundation Outreach International for and regarding any claims, lawsuits, or liabilities that may arise as a result of my project. I agree that if my project is accepted for funding by Foundation Outreach International, my project will adhere to the scope and parameters that I have described in this application. By affixing my signature below, I affirm that I have carefully read and considered this entire application document, and I agree to all conditions set forth herein.

Project Coordinator Name (printed)	
Signature	
Date	
Local Approval Name (printed)	
Signature	
Date	

Grant Requested

Grant amount requested:

FOR OFFICE USE ONLY	
Date Application Received:	
Date Application Approved:	
Date Grant Sent:	
Date Expense Form Received:	

