HARRI HOFFMANN FAMILY FOUNDATION INC.

FOUNDERS

(Of Blessed Memory)

Harri Hoffmann

Herta Hoffmann

Lorraine Hoffmann

DIRECTORS

Alan E. Matsoff
President

Evelyn J. Hoffmann
Vice President

Tobey J. Libber
Vice President - Operations

REQUEST FOR GRANT

Please fill in and send back for consideration

Organization _____

Street Address _____

City / State / Zip _____

Contact person and title _____

Phone _____

Email _____

Federal ID # _____

1. Please provide a brief description of your organization including mission statement (500 words max.).

2. Please include copies of the following documents:

   a. Evidence of non-profit tax-exempt status

   b. Your current Board of Directors with addresses and officers indicated

   c. Your current operating budget and most recent financial statement

   d. Budget for the specific program for which you are requesting a grant (if appropriate) including other sources of funding

   e. Your most recent financial statements with auditor's report if applicable

   f. Your Articles of Incorporation and By-Laws

   g. Your most recent Federal Form 990

3. Under which of our program areas does this grant fall:

   Educational Programing _____   Social Services _____   Jewish Activities _____

   Other_____ (please explain)

4. How much are you requesting? $_____

5. Are you requesting funds for more than one year? If so, how much for
   each year (maximum 2 years)? Year_____ $_____ , Year_____ $_____

6. Please describe the purpose of the grant request (1,000 words max.).
   Include any supporting information that you feel would be of interest to our
   Foundation (i.e. newspaper articles, agency newsletter, comments by clients
   and/or colleagues, etc.).

7. What age groups will be served by this grant? _____

8. Please indicate how the program will be funded when our grant has expired?

   _____

   _____

   _____

9. If you have received a grant from us in the last two years, please update us as to
   how the funds were spent and your evaluation of how your goals have been met.

Please mail your request with cover letter to:

Harri Hoffmann Family Foundation, Inc.
P.O. Box 170320
Milwaukee, Wisconsin 53217

Or by email to:

Tobey Libber, Vice President - Operations
tlibber@hhfamilyfoundation.org