

## PETIT FAMILY FOUNDATION

### Mission Statement

*The Petit Family Foundation honors the memories of Jennifer Hawke-Petit, Hayley Elizabeth Petit, and Michaela Rose Petit by continuing the kindness, idealism and activism that defined their lives. The Foundation's funds are given to foster the education of young people, especially women in the sciences; to improve the lives of those affected by chronic illness; and to support efforts to protect and help those affected by violence.*

### Grant Application Form

(typed only)

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_
2. Organization: \_\_\_\_\_
3. Mission: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Number of Persons Served Annually: \_\_\_\_\_
7. Grant Request Description: \_\_\_\_\_
8. Rationale: \_\_\_\_\_
9. Alignment with PFF Mission: \_\_\_\_\_
10. Grant Request Amount: \_\_\_\_\_
11. Please state how you will publicize this program/project to the public if you are awarded a grant. \_\_\_\_\_
12. Project Budget (attach) [Please specify to what part of the budget you will apply the grant sought. A generic budget that does not state exactly how the grant will be used will delay your application.]: \_\_\_\_\_
13. Other Funding Sources (past & current) [*Please list the specific organization the money has been requested from, the specific amounts requested and what has been received. Failure to detail this information is likely to delay evaluation of your application.*]: \_\_\_\_\_
14. Beneficiaries: \_\_\_\_\_
15. Desired Outcome: \_\_\_\_\_
16. Measure of Success: \_\_\_\_\_

17. Timeline:

18. Verification of Tax Status (attach proof of tax exempt status):

19. Signature:

Date:

Please note: Large extra attachments are not necessary. It is critical that your application be aligned with the Petit Family Foundation mission and aimed at helping a group(s) of people and not intended to benefit only one person or several people. Examples of applications we do not fund include individual scholarships, payment for individual travel, payment for medications or personal medical care, etc. If you are unsure that your application may not meet our requirements, you may address an email to Ms. Jayme V. Ierna, Chair of the Grants Committee (bjrjvi@aol.com), stating succinctly what your plan is. Ms. Ierna and the committee can provide feedback prior to your developing the entire application.

*In making its awards, the Petit Family Foundation does not discriminate on the basis of race, religion, color, creed, gender, ethnicity, sexual orientation, or ability. Rather than to individuals, the PFF awards grants to organizations where the impact of the funds can be the greatest. If a grant is awarded in response to this proposal, a report on the fund's expenditure will be expected at the conclusion of the planned timeline for its use. The report must include a description of the outcome, how the outcome meets the organization's measure of success, and any related press releases, photographs, and/or videos.*

*An incomplete request will not be honored.*

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**Grant Report Form**

(typed only)

- 1. Name: \_\_\_\_\_ Title: \_\_\_\_\_
- 2. Organization: \_\_\_\_\_
- 3. Mission: \_\_\_\_\_
- 4. Address: \_\_\_\_\_
- 5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_
- 6. Number of Persons Served by PFF Grant: \_\_\_\_\_
- 7. Program Description: \_\_\_\_\_
- 8. Actual Grant Expenditure: \_\_\_\_\_
- 9. Project Actual Budget (attach)
- 10. Other Funding Sources: \_\_\_\_\_
- 11. Outcome Achieved: \_\_\_\_\_
- 12. Measure of Achievement: \_\_\_\_\_
- 13. Program Photos/Videos/Press Releases (attach)
- 14. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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