

Date (MM/DD/YYYY)

lission statement:
ackground information: (including how long in existence, and names and titles of incipal staff)

**Breakdown of annual operating budget for the past 12 months:** (for example, if you will be submitting your HOPE request in March 2008, the past 12 months will be from March 1, 2007 – February 29, 2008)

## **SAMPLE**

Individual donations	\$ 1,500
Name of an organization (if applicable)	\$20,000
Name of Grant (if grant is received in one	\$10,000
lump sum within the past 12 months, then	
put entire amount. If grant is distributed	
monthly and the 1 <sup>st</sup> month of disbursement	
is March 2007, then only need to enter	
amount received or will be receiving for	
that month).	
Total	\$31,500

Description of activities and crime victim services:

Organizations name

Activities
Crime Victim Services
,
<b>Statement of need:</b> (for example, how will funds assist organization with its crime victim services?
,

Breakdown of intended uses of funds: (for example, amount applying for up to \$10,000) Provide a list, description, and estimated cost of allowable items that will assist your organization with enhancing their crime victim services.

## **SAMPLE**

Allowable item	\$ 2,000
Allowable item	\$ 3,500
Allowable item	\$ 4,000
Allowable item	\$ 500
Total	\$10,000 or amount applying for (NOT to
	exceed \$10,000).

Signature /

Must be an actual signature. As shown, name written using a font on the Sincerely, computer is not acceptable.

FirstName LastName (spelled out)

Title (within the organization)

**NOTE:** No more than three letters of support.

Each letter must be on the organizations letterhead, dated, and signed.

The body of the letter should include the organizations name that is applying for funding, and how the organization assists victims of crime.