



HEART AND HAND FOR THE HANDICAPPED
P.O. BOX 520230
FLUSHING, NY 11352

APPLICATION FOR GRANT

Name of Organization:

Address of Organization:

Telephone: _____ Fax: _____

Email: _____

Contact Person: _____

Purpose Mission of Organization:

Executive and Board Members and Their Home Address:

Govt. of India Tax Exemption Certificate Number and Expiration Date:

State Tax Exemption Certification Number and Expiration:

Reserve Bank of India Permit Number (Allowing receipt of funds from overseas) and expiration date:

History of Organization:

Types of service performed:

Is the school for boys, girls or both?

Number of Students in school/or number of surgeries performed in each of the last three years:

YEAR _____ YEAR _____ YEAR _____

Boys ___ Girls___ Boys ___ Girls ___ Boys ___ Girls___

Number of paid administrative and support staff:

Source of Revenue:

Details of revenue and expense for the last three year:
(Please attach separate sheets)

Details of how the grant will be utilized:

Please certify that the school/facility has not and will not discriminate against any caste, race or religion:

Please certify that you do not employ or do business with groups of individuals who are suspected of terrorist activities:

Name of person filing application

Signature and Date

Telephone Number _____

(Your form letter on your official letterhead should accompany this application)

Please attach following supporting documents where appropriate:

1. Copies of tax exemption certificate
2. Copy of reserve bank of India permit
3. Photographs of the facility and children/trainees in classroom and other activities
4. Copies of financial reports (audited if available) for the last three years.

Filing this application should not be construed as an indication of a favorable decision for a grant. Supporting documents enclosed with this application will be considered as the property of Heart & Hand for the Handicapped.