



2008 HOPE FUND APPLICATION

Due to HandsOn Jacksonville, Monday, September 22, 2008

Agency Name _____
Agency Director _____ Contact Person (attending kickoff) _____
Agency Address _____ City _____ State _____ Zip _____
Agency Phone _____, ext. _____ Agency Fax _____ Email _____

If selected to participate in the 2008 Hope Fund, I agree that my agency will comply with the following requirements:

- 1) Pay a **\$200.00** administrative fee to HandsOn Jacksonville by **September 25, 2008**.
- 2) Provide a list of **at least 20** clients in need to HandsOn Jacksonville by **October 16, 2008**.
- 3) Provide client profiles and stories of at least 3 clients who agree to have their personal story and photograph run as a feature article to HandsOn Jacksonville by **October 16, 2008**.
- 4) Attend the planning breakfast on **October 2, 2008** at the Florida Times Union or designate one person to attend as agency representative. (Due to space constraints **ONLY one** representative from each agency may attend.)
- 5) Complete Funds Distribution Form showing how the money was spent and deliver it to HandsOn Jacksonville by **March 15, 2009**.
- 6) Oversee the distribution of gift items or gift certificates to client families and individuals. No money will be given to clients.
- 7) Be prepared to provide a staff person/volunteer one day per week to help open mail or answer the telephones at the Times-Union (if needed).
- 8) In the event one of my agency's clients is featured in the Florida Times Union, the caseworker assigned to that client, or a representative familiar with the client's story, will be assigned to the Florida Times Union for a 4-hour shift the day the client's story appears. If the story runs on a weekend, that person will be available the following Monday.
- 9) Comply with all Hope Fund policies and deadlines

I further agree that this agency meets the following criteria for participation.

- 1) Has 501c(3) tax-exempt status.
- 2) Is organizationally and fiscally sound.
- 3) Is a human service agency and will identify, through a screening process, at least 20 families/individuals in need of basic human necessities.
- 4) **Has a staff person(s) who monitors clients** and has the ability to appropriately distribute gifts to the client.
- 5) **Is a current nonprofit member of HandsOn Jacksonville, Inc.**

Has your agency participated in the Hope Fund before? ___ No ___ Yes, when _____

How would Hope Fund proceeds assist your clients? _____

What screening process will be used to select your clients for the Hope Fund? _____

I have read and understand the above criteria and requirements and, if selected, agree to comply with the terms of this agreement.

Executive Director

Date