

# GRANT APPLICATION REQUIREMENTS & INSTRUCTIONS



**FANS HELPING FANS**

**LENDING A HAND  
TO ANOTHER FAN**

**P. O. Box 15894  
PHILADELPHIA, PA  
19103**

**FANSHELPINGFANS.ORG**

Thank you for your interest in applying for a Fans Helping Fans Grant. We will consider your Grant Application according to the following guidelines and instructions. If you have any questions, contact us at [info@fanshelpingfans.org](mailto:info@fanshelpingfans.org).

## **BASIC ELIGIBILITY REQUIREMENTS**

1. All Grantees must be fans of the Philadelphia Eagles. Grant recipients need not live in the Philadelphia area.
2. All Grantees must have a real, demonstrable and documented financial need that cannot be met through other means. Examples may include, but are not limited to, uninsured medical expenses, unreimbursed expenses associated with medical care, emergency housing or utility bills and disaster relief.
3. All Grantees must have a Sponsor who knows them personally and can act as a reference regarding the Grant Application and the applicant's financial need. Possible Sponsors include, but are not limited to, doctors or other medical personnel, social workers, teachers, clergy and community leaders. Fans Helping Fans will contact your Sponsor in considering your Grant Application.
4. No FHF Director, Officer, Committee Member or their immediate family is eligible to receive a grant.

## **INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION**

1. All Grant Applications must include:
  - a. Completed application form (the two attached pages), including your initials allowing us to contact your Sponsor about your application.
  - b. Documentation of the financial need for which you seek a grant, such as copies of the relevant bills, eviction notice, etc.
  - c. Documentation of your financial situation, such as eligibility for government aid, determination of disability, etc.
  - d. A letter from your Sponsor that includes:
    - the Sponsor's organization and his or her position within the organization,
    - how long the Sponsor has known you and in what capacity, and
    - Sponsor's statement that your need is known and is bona fide.
2. Any additional references or information you think is important for us to know (optional).
3. We cannot consider an incomplete Grant Application. Send the completed Grant Application and all required documentation to:

**Fans Helping Fans**  
P.O. Box 15894  
Philadelphia, PA 19103

## **YOUR RESPONSIBILITIES**

1. You are responsible for providing complete, accurate and truthful information and documentation with your Grant Application.
2. You are responsible for seeing that the grant will be used only for the need and purpose specified. Where possible, Fans Helping Fans will pay grants directly to the agency, creditor or organization rather than to the grantee personally.
3. You agree to waive or release Fans Helping Fans from any liability related to or arising from your Grant Application and/or award of any grant.
4. You agree that Fans Helping Fans may use your first name or likeness for fundraising, publicity or other purposes.

## **OUR RESPONSIBILITIES**

1. We are responsible for considering your Grant Application promptly and notifying you of our decision. All decisions of Fans Helping Fans are final.
2. We are responsible for keeping your full name, address, medical history and specific financial information confidential.



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# GRANT APPLICATION FORM

## APPLICANT INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Initial

Self  Other

\_\_\_\_\_  
Grant For Specify Other Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Day Telephone Number Evening Telephone Number

\_\_\_\_\_  
eMail (optional)

\_\_\_\_\_  
Mailing Address (If Different) City State Zip

(Required) Initial here to indicate that Fans Helping Fans has your permission to speak with your Sponsor regarding this Grant Application: \_\_\_\_\_

## SPONSOR INFORMATION (In addition, be sure to include the Sponsor's letter with this Application)

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Day Telephone Number Evening Telephone Number

\_\_\_\_\_  
eMail (optional)

\_\_\_\_\_  
Relationship to Grant Applicant

**I, the Grant Applicant signing below, acknowledge that I have read the Grant Application Requirements and Instructions, and that the information entered on this Grant Application Form and in any related documentation is true, accurate and correct to the best of my knowledge and ability. I further agree that if I am awarded a grant, and if it is paid to me directly, I will use all grant funds only for the specific purpose for they were awarded. In addition, I consent to having Fans Helping Fans use my first name, likeness and/or general grant information for publicity, fundraising, government reporting or other purposes. I further agree that, in signing this Grant Application, I hereby release, waive and forever discharge Fans Helping Fans, its officers, directors, employees and volunteers of and from any and all causes of action, suits, claims, liabilities, damages and expenses (including attorneys' fees and costs) of any nature whatsoever, in law or in equity, whether known or unknown, that relate to or arise from this Grant Application and/or any grant awarded by Fans Helping Fans.**

\_\_\_\_\_  
Signature Date



**FANS HELPING FANS**

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1. Tell us about your history and experience as a Philadelphia Eagles Fan.

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2. Tell us about you're the financial need for which you are applying for a grant. Include the nature of the need and the specific amount requested.

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3. Describe other ways you have attempted to meet this need, including other assistance sought or received.

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4. Although it is not required in order to receive a grant, discuss whether you are willing and able to repay the grant, if awarded, or if you are able to contribute your time or talents to help Fans Helping Fans assist other Fans in need.

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5. How did you hear about Fans Helping Fans?

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**ATTACH ADDITIONAL PAGES IF NECESSARY**