Good Neighbor Upper Valley of NH/VT (grant requests $500 or less) Revised

*Hypertherm HOPE Foundation*

## Inital Submission Date\*

Date the application was submitted

*Character Limit: 10*

## Title of Request\*

Please provide the name of the project that funds are being requested for. If this request is for operating income, please enter that accordingly.

*Character Limit: 250*

## Focus Area\*

### Choices

Disaster Relief Early Childhood Education

Food

Health and Wellness Housing

Outdoors & Climate STEM

Substance Use Disorder United Way

## Description of project or services provided\*

Please briefly describe the project or services you provide that you are requesting this grant for.

*Character Limit: 10000*

## Mission of organization\*

Please briefly describe your organization's mission.

*Character Limit: 10000*

## Please provide your organization's website:

*Character Limit: 2000*

## Years\*

How long has your organization been in operation?

*Character Limit: 250*

## Funds Usage\*

What are funds being used for?

**Choices** Operating Budget Capital Campaign

Special Project or Event

## Amount of Request\*

What amount is being requested for the project/services?

*Character Limit: 20*

## W9 Payee\*

Please list the legal name associated with the taxpayer ID entered in this application. This needs to match the GuideStar/Candid profile name.

*Character Limit: 250*

## Area of Service\*

Will funding support and/or benefit the Upper Valley and surrounding areas within a 30 mile distance from Hanover, Lebanon NH (yes or no)? If not, please describe the areas you serve (communities and counties).

*Character Limit: 250*

#  Question Group

## W9

Please upload your current W9 form. If you are in need of a blank form please visit [www.irs.gov](http://www.irs.gov/)

*File Size Limit: 2 MB*

## Previous Funding\*

Has your organization received previous support from Hypertherm?

### Choices

Yes No

Do not know

## Years of Support

If known, list year(s) Hypertherm has supported your organization.

*Character Limit: 250*

## Other funding

Where do you receive other funding to support your organization?

*Character Limit: 50*

*Character Limit: 50*

*Character Limit: 50*

*Character Limit: 50*

*Character Limit: 50*

*Character Limit: 50*

## Hypertherm Associates\*

How many Hypertherm associates are actively involved with your organization?

*Character Limit: 250*

## Hypertherm Associate names

Please list the names of up to 6 known Hypertherm Associates involved in your organization.

*Character Limit: 250*

*Character Limit: 250*

*Character Limit: 250*

*Character Limit: 250*

*Character Limit: 30*

*Character Limit: 250*

#  Event Information

## Event Date

If this request is for a time sensitive event (event occurring within 4 months) please enter the date of the event below.

*Character Limit: 10*