



**The Thomas R. Hinman Family Charitable Fund
(a donor advised fund)
Grant Request**

The Thomas R. Hinman Charitable Fund is established for the charitable purpose of supporting various charitable efforts in the communities of Berlin Heights and Berlin Township, Ohio.

Organization _____ FedID (EIN) _____

Amount Requested _____ Project or Purpose _____

Timeline for completion after funds are disbursed _____

Address _____

City _____ State _____ ZIP Code _____

Mission statement, if applicable _____

Names of Board or governing body members _____

Representative Authorized
to Request Funds _____ Title _____

Office # _____ Mobile # _____ email _____

Signature _____ Date _____

Required Information

Please provide a descriptive narrative (no more than 2 pages) addressing the following, in this order:

- (a) Summarize the purpose of your request and explain how it will be used.
 - If you are purchasing supplies or services, be specific as to what items these are and what portion of the request will be used for them.
 - If this is a project which will continue, such as “seed money” to begin or establish a program, be sure to provide information on how it will be funded in the future.
 - If you are asking for funds to match another grant, provide the name of the grantor and whether or not it has already been approved.
- (b) Explain how this request will benefit the people of Berlin Heights and/or Berlin Township.
 - Explain the need for this request and how that need was determined.
 - If statistics are available, especially documenting how many Berlin community residents are currently being served, be sure to provide these.
- (c) What other sources of funding are being sought, if any, and in what amounts.
- (d) Explain how you will evaluate the success of the outcomes of this grant. A final report will be required after the funds are expended or the project is completed.

Required Documentation

1. Most recent financial statement.
2. Bids or estimates verifying the amount requested for any products or services to be purchased.

Submit your completed Grant Request with all required attachments to:

The Thomas R. Hinman Family Charitable Fund
Erie County Community Foundation
135 E. Washington Row, Suite A
Sandusky, OH 44870

Applicants may be contacted for further information or documentation if the Fund Advisor requires additional clarification. **Only one grant to a single entity per calendar year will be made.**

Grant requests are considered by the Fund Advisor as received. Please allow 90 days for a decision. Incomplete requests will not be considered. If you have any questions, please email the Fund Advisor at sunfacewoman@hotmail.com.