

THRIVING FAMILIES

GRANT APPLICATION

At HB, we exist to create opportunities for people, families, and communities to thrive. Our quarterly grant program is focused on thriving families. Every quarter we will award two non-profits \$10,000 cash OR an equivalent in-kind donation to strengthen families and create opportunities for them to succeed. Each application is valid for one year, which includes four award cycles. After one year, you must reapply in order to be considered for a grant award.

In addition to the \$10,000 or equivalent in-kind donation, we want to ensure there is a volunteer component to the award. This volunteer opportunity should be a custom activity or event involving HB employees.

APPLICATION 1 PER ORGANIZATION—APPLICATION HOLDS FOR 12 MONTHS.

Organization Name: _____ Date: _____

Contact Name: _____ Phone: _____ Email: _____

Mission/Purpose of non-profit: _____

Size of non-profit (average revenue past 5 years): _____

How do you measure the success of your organization?

What makes your organization different or unique from other non-profits?



What other organizations do you partner with if any? We believe collaboration is key when combating major issues. Please describe the nature of those partnerships.

Detail how funds awarded by HB would be used. More detailed plans will be given favorable consideration. Note: A proposed construction-related donation will take the place of the \$10,000 monetary donation.

Explain how usage of dollars will be measured and reported back to HB. More specific methods will be given favorable consideration.



Grant applications should be accompanied by an opportunity for our employees to volunteer their time. What unique activity can you create to connect our employees with the work you do? Those who can create a custom activity for HB will be given favorable consideration.

Has your organization received an HB grant in the past? _____

Please include any websites or social media accounts associated with this non-profit:

Please disclose any relationships with current HB employees:

Check payable to: _____

Address: _____

Please email completed application, proof of 501(c) tax-exempt status, and any other supporting documents to **families@hbconstruction.com**.

