



International Order of the Blue Gavel Humanitarian Foundation

Application For HUMANITARIAN LOCAL AREA PROJECT (LAP)

The International Order of the Blue Gavel Humanitarian Foundation can sanction a Local Area Project so that charitable contributions may be tax deductible under the aegis of the Foundation's IRS 501(c)(3) charity designation.

The information in this application will provide the basis for the consideration and qualification of a Local Area Project.

A Local Area Project must meet all of the guideline requirements of the IRS 501(c)(3) regulations and compliance will be reviewed by the Foundation before endorsement is granted.

No funds will be committed to any project until the application is complete and has been approved for funding by a majority vote of the Foundation Board. Upon a favorable vote of the Foundation Board, a letter of notification will be sent to the recipient organization indicating the amount of any grant to be given and the terms under which it will be paid.

Please use this application outline and attach or send supporting information, which you feel, will assist in presenting the merits of your project. Send the completed application to:

IOBG Humanitarian Foundation, Inc.
3517 Camino del Rio S
Suite 208
San Diego, CA 92108

OR

Send Via Email
with attachment of completed form and any other supporting attachments to:
iobghf@gmail.com

Please provide the requested information listed below:

I. General Information

A. Organization Information

1. Name of your organization:
2. Street address:
3. City, State and Zip:
4. Federal Tax ID#:
5. Affiliated IOBG chapter name:
6. Affiliated IOBG District #:
7. Year your organization was established:
8. Number of members:
9. Number of volunteer and paid staff:

B. Contact Person Information

1. Name and Title of Primary contact person:
2. Street address:
3. City, State and Zip:
4. Daytime phone number:
5. Fax Number:
6. Email address:

C. Secondary contact person at your organization for us to contact for this project

1. Name and Title:
2. Street address:
3. City, State and Zip:
4. Daytime phone number:
5. Fax Number:
6. Email address:

II: Project Details

- A. Name of Project:
- B. Description of Project:
- C. Years of operation:
- D. Objective:
- E. Humanitarian Benefits:
- F. Educational Benefits:
- G. Project Location(s):
- H. Are there other organizations involved and if so who are they and list involvement?:

III. Project Leadership

- A. Name the Project Leaders and include their qualifications & licensing:

IV: Budget for Project

- A: What is the Budget for the Project?:
- B: How do you plan on funding the Project?:

V: Project Costs

- A: Minimum Funding required:**
- B: Maximum Funding target:**
- C: Requested Funding from IOBG-HF:**

VI: Planned Use of Funds

- A: How will IOBG-HF funds be used if funding is awarded?:**

VII: Potential Liabilities & Insurance Coverage

- A: Have you identified liabilities associated with the Project?**
- B: Have you developed a contingency plan to address each liability?**
- C: Do you have Insurance coverage to cover potential liabilities of the project?**

Any additional information regarding your Project should be attached here: