



Guidelines for the HAVlife Foundation Grant

HAVlife Foundation Mission Statement: Our mission is to prevent lost potential of youth through support of participation in athletics, music and the arts.

1. Big Brothers Big Sisters must be given a copy of the activity flyer or pamphlet that provides contact information for the organization hosting the activity.
2. Once the application is completed and Big Brothers Big Sisters has received it through mail, email or fax, a committee will review the application.
3. If all of the guidelines are followed, the child will be considered for the grant. Child must be an active Little, reside in the Quad Cities, and be between the ages of 10-15.
4. The volunteer or parent will receive an award acceptance letter which will include information and follow-up material.
5. The child will be responsible for writing a thank-you note to the HAVlife Foundation providing information on the activity that they plan to do.
6. Payment will be made by Big Brothers Big Sisters in the exact amount, directly to the organization that is hosting the activity.
7. Once the activity is complete, the child will be responsible for completing follow-up questions with Big Brothers Big Sisters staff members.
8. The child may apply for/receive grant funding multiple times, but monetary amounts are left to the discretion of the approval team. Monetary value received may differ from value requested.





HAVlife Foundation Grant Application

Child Information

Child's Name: _____

Child's Address: _____ Zip: _____

Child's school: _____

Gender: _____ Age: _____ (Child must be 10-15 years old to be eligible.)

Parent/Guardian's Name: _____

Relationship to Child: _____

Phone: _____ Email address: _____

Activity Information

Activity: _____

Organization: _____

Mailing Address: _____

Has the child participated in this activity before? _____

*In order to receive this grant, Big Brothers Big Sisters **MUST** have a copy of the program brochure, registration form or letter from the organization that includes the mailing address, telephone number and the cost of the activity. *

Start Date: _____ End Date: _____

Grant Request Amount: _____ Total Cost of the Activity: _____

**Please note that the amount any child may receive is left to the discretion of the approval team. **

Please provide a paragraph explaining why the child should be considered for the grant:

Office Use Only App Received: _____ PPO: _____ Packet sent: _____

Acceptance Information

Please read carefully. Both parent/guardian and child signatures are required in order to be considered for the grant.

1. I understand that the awarded money will be given directly, in the exact amount, to the organization of the extracurricular activity.
2. I understand that if the child does not complete the activity paid for by the grant, the child and family may be responsible for covering the cost of the activity.
3. I understand that Big Brothers Big Sisters is not responsible for arranging transportation to and from the activity.
4. I authorize Big Brothers Big Sisters and the HAVlife Foundation to use my child's name, age, and photograph for the sole purpose of program promotional materials.

Parent/Guardian Signature: _____

Date: _____

1. I understand that upon being awarded the grant, I will be required to write a thank-you note to the HAVlife Foundation.
2. I understand that I am responsible to provide a detailed completed follow-up survey and information to the Big Brothers Big Sisters staff upon completion of the activity.

Child Signature: _____

Date: _____

Please send the completed application and program brochure to the Big Brothers Big Sisters office. This can be done through emailing Alexis at aarango@bbbs-mv.org, sending or bringing it to 130 West 5th Street Davenport, IA 52801.

Questions?

Call: 563-323-8006

Email: aarango@bbbs-mv.org