



THE HOF FUND
A TRIBUTE TO JIM “HOF” MAIERHOFER
APPLICATION FOR GRANT FUNDING

When the Seneca, Illinois community lost a community-minded farmer, Jim Maierhofer, his family decided to perpetuate his legacy through the establishment of a grant-based, community fund in partnership with the Starved Rock County Community Foundation.

The “HOF Fund” has a double meaning of a shortening of the family name and an abbreviation of “Helping Our Friends.” Jim was a volunteer fireman, an active member of the Lions Club, a 4-H leader, a huge supporter of his kids and grandchildren's school activities, especially the FFA, and was constantly helping out wherever he could.

HOF Fund grants will initially be less than \$1,000.00 and will be awarded to non-profit organizations to make small, yet impactful, improvements in their community. Priority will be given to organizations in the Seneca area that support agriculture, serve disadvantaged populations, provide safety, or that help maintain the appearance of the Seneca area. Grants will also be available to organizations within any community in which a descendant of Jim Maierhofer resides.

“Dad was never out to change the world, but his daily goal was to make someone’s world a little better,” commented his son Jeff. “We are excited to work with the SRCCF and take advantage of their proven investment record and success in administering many funds.”

STARVED ROCK COUNTRY COMMUNITY FOUNDATION
116 W. Lafayette Street, Suite #2 Ottawa, IL 61350 815.252.2906 www.srccf.org

"Make yourself necessary to someone." – Ralph Waldo Emerson

**THE HOF FUND GRANT
ORGANIZATION INFORMATION**

Name of Organization: _____

Who should we contact regarding this grant application? _____

Title/Position: _____

E-mail: _____ Phone number, with area code: _____

Organization's mailing address: _____

Organization's website: _____

Organization's Leader and Title: _____

Leader's E-mail: _____ Leader's phone number: _____

Type of organization

- Nonprofit organization designated by the IRA as a 5013
- Organization operating under fiscal sponsorship of a 5013
- Municipal, county, state, or federal government agency/entity
- Public school or college/university
- Church, synagogue, mosque, or other place of worship
- Other

If you selected "Other," your nomination may not be eligible to receive a grant from the HOF Fund. . Please call the SRCCF at (815) 252-2906 before proceeding with your application.

Organization EIN: ___-_____-____

Please attach your organization's IRS Letter of Determination of Tax-Exempt Status.

NOTE: This is a different document than the State of Illinois tax-exempt letter, which is not proof of IRS status.

Total cost of your project or initiative? _____

Amount requested from the HOF Fund: \$ _____ Date Needed _____

What other funding have you received for your initiative? _____

From whom? _____

Proposal

Name of Program or Project: _____

Provide a brief summary of the Program or Project:

How will the grant funding be used?

How many people do you expect to benefit from the HOF Grant? _____

What population(s) will be served?

What is the primary goal of the program?

This is

- An existing program

- A new program for our organization that has been used elsewhere
- A pilot program

Sustainability

Is the program ongoing or offered only one time? If it's ongoing, what are the plans for sustaining this program financially in the future?

Is this program a collaboration with another organization? If so, what is the other organization?

WARRANTY

Your organization does not discriminate on the basis of race, color, religion, age, gender identification, national origin, sexual orientation, or disability (in accordance with applicable State of Illinois and Federal laws).

TRUE FALSE

Any funds received for this program will be used for the stated charitable purpose outlined in this application.

- Yes
- No

By signing my name in the space below, I affirm that I am an authorized representative of the charitable organization named in this application. I further affirm that this application is submitted with the full knowledge and consent of the organization's leader listed in the Contact Information section of this application.

APPLICANT SIGNATURE _____

DATE _____

Please submit your application to the Starved Rock Country Community Foundation, 116 W. Lafayette St., Suite #2, Ottawa, IL 61350. Or e-mail it as an attachment to janice@srccf.org. Your application will be promptly reviewed and you will be notified whether or not your request has been approved. Grant checks will be issued to your organization by the SRCCF.

Thank you for submitting this application. We appreciate learning of your need for financial assistance. If we are aware of any other grant opportunities that might be a good fit for your program, we will notify you accordingly.