



## DIY Walk of Hope Grant Application and Agreement

RESOLVE has set aside a small amount of money to provide grants to DIY Walks. The money is only available for required items, such as park fees and venue liability insurance. Grant applicants must demonstrate that the expenses are necessary and reasonable. Preference will be given to walks that engage in a significant fundraising effort and establish a high level of planning and organization. Grants are not guaranteed.

- Grant funds may only be used for expenses listed in application.
- Individuals may pay approved expenses directly and be reimbursed by RESOLVE. Receipts are required. A reimbursement form will be provided.
- The Walk Chair may request that RESOLVE pay approved expenses. A check request form will be provided for the chair to complete. Checks from RESOLVE are on a specific schedule.

Name: \_\_\_\_\_

Company/Clinic Name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone (mobile/office/cell): \_\_\_\_\_

Date of DIY Walk of Hope: \_\_\_\_\_

Location of DIY Walk (city & state): \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Please provide a specific, itemized list of expenses for which the grant will be used. Include name of vendor, amount, and use:

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(continued)

If this is your first DIY Walk of Hope, please A.) describe your fundraising plan and B.) describe your volunteer structure:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit application to Cindy Hollister via email at [chollister@resolve.org](mailto:chollister@resolve.org)

**FOR RESOLVE USE ONLY:**

Approved Amount: \_\_\_\_\_

Not Approved

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: \_\_\_\_\_  
\_\_\_\_\_