



HELPING OUR HERITAGE *GRANT APPLICATION*

ABOUT THE GRANT

Elevate Charities is dedicated to elevating the condition and quality of life for members and participants of the senior healthcare community- employees, caregivers, family members, patients, and residents. Through the **Helping Our HeritAge Fund**, assistance is provided to the aging population by ensuring their basic needs are met. Applications will be reviewed by a sub-committee of the Elevate Charities and will be kept confidential.

Type or Print Clearly:

Name of Person Grant is to benefit: _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Please complete the following questions:

1. DESCRIBE THE NEEDS OF THE NOMINEE AND WHY THEY ARE DESERVING:

CRITERIA –

Elevate Charities is deeply committed to assist people in need with grants. However, due to the high cost of some requests, Elevate Charities cannot always meet all funding requests in full. The following application **must be completed in full** prior to consideration by Elevate Charities. **Applications should be emailed or sent to:** Elevate Charities, Attention: Dennielle de Heras, 29222 Rancho Viejo Road, Suite 127, San Juan Capistrano, CA 92675. **Email: ddeheras@ElevateCharities.org**

For additional information or clarification call Elevate Charities at (949) 540-2071 or email: ddeheras@ElevateCharities.org.

- 2. **WHAT IS THE PROJECTED COST OF THE ITEM(S) NEEDED?** _____
- 3. **IN MANY CASES THE OPERATION IS ABLE TO CONTRIBUTE TO THE COST. PLEASE INDICATE THE AMOUNT THE OPERATION CAN CONTRIBUTE.** _____
- 4. **IF APPLICABLE-WHO IS THE KEY CONTACT AT THE OPERATION (if applying on the applicant’s behalf)**

Facility Name: _____

Name/Title: _____

Email: _____

- 5. **IS THERE ANY ADDITIONAL INFORMATION REGARDING THIS NOMINEE THAT WE SHOULD KNOW ABOUT IN ORDER TO CONSIDER THIS REQUEST?**

- 6. **ADDITIONAL COMMENTS:** _____

This application MUST be completed in full for each separate request

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www.ElevateCharities.org

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