

The Khaled Hosseini Foundation

Omid Grant Application

In order to be considered for the Omid Grant please complete the application and follow all instructions.

Instructions:

- Use legible printing in black ink or type all information.
- Follow deadlines with submitting applications:
 - Grant applications are reviewed on an annual basis.
 - The submission period is from April 1st through April 30th. The deadline for submitted grant applications is April 30th.
 - Any grant applications received after April 30th will be reviewed in the next annual grant review cycle.

Contact Information:

Salutation (Mr., Ms., Mrs., etc.) _____

First Name _____ Last Name _____

Position (Executive Director, CEO, etc.) _____

Organization Information:

Organization Name _____

Address _____

City _____ State / Province _____

Zip/Postal Code _____ Country _____

Phone Number _____ Fax Number _____

Email _____ Organization Web Site _____

Referred By _____

Year Organization Founded _____ Operating Budget in U.S. \$ _____
(numbers only)

The Khaled Hosseini Foundation

Board of Directors

Please enter the name of each member of your Board of Directors and his/her primary affiliation.

Organization Mission Statement

Description of Organization (200 words or fewer)

Status Information:

Please note that The Khaled Hosseini Foundation (TKHF) supports 501(c)(3) tax exempt charities as determined by the United States Internal Revenue Service and international equivalent organizations with fiscal sponsors in the United States.

Are you a 501(c)(3) tax-exempt charity as determined by the United States Internal Revenue Service? *(Answer No if your organization resides outside of the USA)*

Yes No

Please enter your Federal Tax ID# _____

If you are NOT a 501(c)(3), do you have a fiscal sponsor in the United States? Yes No

Please enter the name of your fiscal sponsor: _____

Please enter the Federal Tax ID# of your fiscal sponsor: _____

Grant / Project Information:

Project Name _____

Description *(Please provide a project description of 250 words or less)*

The Khaled Hosseini Foundation

Grant Type: *Select all that apply.*

- Refugee Issues
- Issues dealing with Women and Children
- Rebuilding Afghanistan
- Afghan – American Scholarships
- Other

If “Other” was selected please describe in space provided:

Population Served: *Select all that apply.*

- Women
- Children
- Other

If “Other” was selected please describe in space provided:

Locations Served: *Select all that apply.*

- Santa Clara County
- Alameda County
- Contra Costa County
- San Mateo County
- Other United States
- Afghanistan
- Other International

If “Other” was selected please describe in space provided:

Other Grant / Project Information: *Answer with numbers only.*

Number of People Served by Your Agency _____

Number of people served by the project proposed to TKHF _____

Projected Budget in US \$ for Your Agency _____

Projected Budget in US\$ for the project proposed to TKHF _____

Amount Requested in US \$ _____

The Khaled Hosseini Foundation

Certification:

I certify that the information contained in this application is true, complete and accurate to the best of my knowledge. I acknowledge that information contained in this application is material to the Foundation's decision to grant or deny my request for funding, and that the Foundation will suffer damages for which I may be liable if a grant is made on the basis of any false, fictitious or fraudulent statements which I have made. I agree to comply with any terms or conditions of any award from the Foundation should I accept the award.

Signature _____

Print Name _____

Date _____

Please do not submit any further information to us by email or mail unless we send a request asking for a complete proposal or additional information in connection with your application.

Submit complete application to the following address:

The Khaled Hosseini Foundation
Attn.: Omid Grant
5655 Silver Creek Valley Road, #443
San Jose, CA 95138