Ladies Ancient Order of Hibernians, Inc

New York State LAOH Appeals for Aid

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**2021 Application for Patricia Doyle Memorial Grant**

In a short paragraph (3-5 sentences), state the Mission and Focus of the entity.

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* In a short paragraph (3-5 sentences), describe the entities’ sources of Revenue.

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* In a short paragraph (3-5 sentences) explain how the persons served by the entity will benefit from a One Time Contribution if designated for contributions for the 2019-2021 Term of Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***2021 Application for Patricia Doyle Memorial Grant (continued)***

* Attach copies of the following documents from the entity being considered:

\_\_\_\_\_\_\_\_\_\_\_ Constitution/By Laws \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nonprofit Approval

\_\_\_\_\_\_\_\_\_\_\_ 2019 and 2020 Budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marketing Materials

\_\_\_\_\_\_\_\_\_\_\_ Copy of Licensing Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy of Accreditation

\_\_\_\_\_\_\_\_\_\_\_ other documents that support application

Please specify documents provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please specify the dollar amount being requested for consideration by the New York Ladies Ancient Order of Hibernians, Inc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Provide any other comments in a short paragraph (3-5 sentences) to support your request for your designated entity for consideration by the 2021 New York State LAOH Convention Delegates. Attach your additional comments to your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Applying Agent Date

***PATRICIA DOYLE GRANT ‘APPLICATION’ MUST BE POST-MARKED BY SATURDAY, APRIL 24, 2021.*** *MAILING ADDRESS IS: CATHIE NORTON-DOHERTY, 15 LAKE SHORE DRIVE, PATCHOGUE, NY 11772. E-MAIL IS:* *CATHIEEDOHERTY@HOTMAIL.COM* *TELEPHONE: (631) 905-9388, FOR ANY QUESTIONS.*

*For NYS Missions & Charities Office Use*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Application Postmarked*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Application Received*

 *Application:* *\_\_\_\_\_\_\_\_\_\_\_ Complete with supporting documents*

 *\_\_\_\_\_\_\_\_\_\_\_ Further information requested Date: \_\_\_\_\_\_\_\_\_\_\_\_\_*