

Ladies Ancient Order of Hibernians, Inc
New York State LAOH Appeals for Aid



2019 Application for Patricia Doyle Memorial Grant

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

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

- 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 2017-2019 Term of Office.

2019 Application for Patricia Doyle Memorial Grant (continued)

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

_____ Constitution/By Laws _____ Nonprofit Approval
_____ 2017 and 2018 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 2019 New York State LAOH Convention Delegates. Attach your additional comments to your application.

Signature of Applying Agent _____
Date

PATRICIA DOYLE GRANT 'APPLICATION' MUST BE POST-MARKED BY SATURDAY, JUNE 15, 2019. MAILING ADDRESS IS: JOANN GUNDERSEN, LAOH NYS MISSIONS & CHARITIES OFFICER, P.O. BOX 290013, BROOKLYN, NY 11229-0013. E-MAIL IS: JGUNDE2000@AOL.COM FOR ANY QUESTIONS.

For NYS Missions & Charities Office Use

_____ *Date Application Postmarked*

_____ *Date Application Received*

Application: _____ *Complete with supporting documents*
_____ *Further information requested* _____
Date