

The Ian Oliu Foundation



Introduction Sheet

Our Mission

Promoting educational initiatives and resources, which provide mental health awareness to the community, on both local and national levels.

About the Foundation

In 2002, we lost someone very near to our hearts to suicide. Ian was an amazing friend, a beloved son, insanely smart, funny and very handsome, with countless friends. Anyone who knew him knew how wonderful he was. Unfortunately, he didn't see any of those qualities within himself. He carried around a deep, dark, depression that he never shared, even with those closest to him. It's hard to believe that someone this special, someone this awesome to so many, is gone, because no one talked enough about the lasting impact of suicide.

Since then, lan's family and a great group of friends and loved ones have contributed so much time and energy to bring about awareness - Mental Health awareness, in all its capacity and complexity. We have created the **Ian Oliu Foundation**, with Ian's spirit in our hearts. The Foundation has raised money for educational initiatives and resources which supported Mental Health awareness in the school aged community.

We are now broadening our scope to include a broader population. Our hope continues to be making a difference while ensuring that lan's memory lives on in all our efforts.

Target Audience

Our target audience will now be focused on organizations that are affiliated with first responders in <u>Camden</u> and <u>Burlington counties</u> in New Jersey. The organization must have a 501(c)(3) status in order to be eligible for consideration of this grant.

Instructions for Completing this Application:

This application MUST be completed and submitted online to be considered for the grant.

- Please type and single space all proposals.
- Please answer all questions in the order listed.
- Please use headings as provided.
- Please do not include any materials other than those specifically requested at this time.
- Please do not send videos.

The Ian Oliu Foundation ● Registered 501c(3) Non-Profit Organization ● www.lanOliuFoundation.org

Instructions for Submitting Grant Application

- Download the Grant Application and open in Adobe Reader (visit <u>https://get.adobe.com/reader/</u> to receive your free copy of Adobe Reader)
- Fill out the Grant Application completely by typing in your answers. Please remember to include your Electronic Signature and Check Box.
- Select File -> Send File -> Attach to Email (or click on the Envelope icon) and follow the
 instructions for linking to your email account. Send to Help@lanOliuFoundation.org.

THE IAN OLIU FOUNDATION FOR LIFE GRANT APPLICATION

Cover Sheet

Date of Application:					
Exact Legal Name of Organization to which grant would be paid:					
Address of Organization:					
City	State	Zip			
Contact Person and title: Fax: Fax:					
Is your organization an IRS 501(c)(3) YESNO Purpose of grant (one sentence)					
Grant Request amount (USD) Total amount of Project (if different than amount requested)					
Check one (based on the organization's priorities) General Support					
Project Support					
Name of Project (if applicable)					

THE IAN OLIU FOUNDATION FOR LIFE

GRANT APPLICATION FORMAT

PROPOSAL SUMMARY: One-half page, maximum

Please summarize in a short paragraph, the purpose of your agency. Briefly explain why your agency is requesting this grant, the outcomes you hope to achieve and how the funds will be spent if a grant is made.

BACKGROUND - Describe the work of your agency including the following:

- 1. A brief description of its history
- 2. The need that your organization hopes to address and the population that your agency serves.

FUNDING REQUEST-Please describe the program or project for which you are seeking funds.

- 1. If applying for general operating support, briefly describe how this grant would be used.
- 2. If your request is for a specific project or program, please provide an explanation including:
 - A statement of its primary purpose and the need or problem that you are seeking to address.
 - The population that you plan to serve and how this population will benefit from the program.
 - How your program will be implemented.
 - Anticipated length of the program
 - How your organization will benefit from this program

EVALUATION-Please explain how you will measure the effectiveness of the program. Describe your criteria for a successful program and the results you expect to achieve by the end of the program.

Summary

Electronic	Signature	*
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Please type your First and Last Name

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this application.