

THE HANS SAARI MEMORIAL FUND

EDUCATION GRANT

The Hans Saari Education Grant encourages the development of educational programs related to avalanches and safe travel in avalanche environments by providing grants to 501(c)(3) tax exempt organizations wishing to initiate or enhance educational programming. The Grant is not intended to support the organizations general operations, capacity building, or other programs that the organization may offer. While the grants may not completely cover the costs associated with these programs, they may offset the direct costs of these programs, provide a means to expand curricula, or extend the reach of the programs into new communities.

Grants are awarded twice a year. Application deadlines are February 26 and August 30.

Grant applications may be made electronically or sent by mail, postmarked no later than the due date. Applications, including those submitted electronically, must include necessary signatures to be considered. Questions regarding the application process may be submitted to info@hansfund.org.

Grant requirements

- Grants are based on the proposed project's excellence and evidence of planning and execution.
- Grantee must be and be able to show HSMF that it is a non-profit organization classified as a 501 (c)(3) by the IRS.
- Grants are not available for general operations, capacity building or programs that do not have a primarily educational goal or component.
- All grants are unconditional.
- Within 60 days of the program's conclusion, all grant recipients must submit to the HSMF a written report of the program for which the grant was used, including a summary of program goals, accomplishments, and an accounting of the use of Grant funds.
- If for any reason the program is canceled, significantly changed, or not executed for any reason, all grant funds will be returned to the HSMF.
- Successful grant recipients may be asked to give a slide show or other presentation regarding their program at the HSMF's Annual Meeting.

Submit application to:

The Hans Saari Memorial Fund
info@hansfund.org
406-556-1275

or The Hans Saari Memorial Fund
P.O. Box 10478
Bozeman, MT 59719

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APPLICATION

In order to process your application in a timely manner, we ask that you please:

- **Submit electronically or by mail.** For consideration, applicants must include signature and initials in all indicated locations. Application and Release Agreement must be received electronically or be postmarked by application deadlines, February 26 for spring grants or August 30 for fall awards.
- Type or print clearly.

Organization Name: _____

Contact (Last, First, Middle): _____

Tax ID Number: _____

Organization Type (501(c)(3), etc.)

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Other Phone: _____

Email: _____

Executive Director: _____

Amount Requested: _____

Dates of program: _____

Please answer the following questions and submit with the application.

- 1) How did you find out the Hans Saari Memorial Fund?
- 2) Please describe the program for which grant is sought.
- 3) Explain how this program will help your organization or the communities that your organization serves.
- 4) Please provide a brief history of your organization, including current officers and board of directors and funding history.
- 5) Please provide a summary of your organization's mission.

Please attach the following documents and submit with the application.

- 1) Detailed budget for use of funds, including personnel, equipment, and material allocations
- 2) The organizations 501(c)(3) letter from the Internal Revenue Service
- 3) Verification of liability insurance
- 4) References from three past supporters of your organization

By my signature, I agree that:

- All of the information presented here is accurate and true.
- Any awarded funds will be used for the purposes stated and that any changes in plans will be reported to the HSMF.
- If for any reason the program is canceled or significantly changed awarded funds must be returned to the HSMF.
- I will be responsible for any taxes that may apply to the award received.

- In any of the awarded program's presentations, lectures, or slide shows, I will mention that the HSMF has contributed to the funding of this program.
- Within 60 days of the completion of the program, I will submit to the HSMF a written report describing the program achievements and including a final accounting for the use of grant funds.

Organization: _____ EIN #: _____

By: _____ Date: _____

Position: _____



RELEASE AGREEMENT

Release and Discharge, Acceptance of Responsibility and Acceptance of Risks

THIS DOCUMENT AFFECTS YOUR ORGANIZATION'S LEGAL RIGHTS. YOU MUST READ AND UNDERSTAND IT BEFORE INITIALING OR SIGNING IT.

Although the Hans Saari Memorial Fund Education Committee and Board of Directors look to criteria to review grant applications and strive to select responsible participants to receive Hans Saari Funds, the Education Committee and Board of Directors do not oversee, supervise, or take responsibility for any aspect of the programs or other activities that participants choose to undertake. In addition, the Education Committee and Board of Directors may, from time to time, contract with individuals or organizations that are independent contractors (not employees or agents of the Hans Saari Memorial Fund) to conduct certain training courses in which participants may choose to participate. Although reasonable efforts are made to locate responsible contractors, the Hans Saari Memorial Fund does not supervise or control these contractors and is not responsible for their conduct.

Organization _____

Name/Position of Representative _____

Address _____

Phone _____

Date _____

In consideration of the services of and funds granted by The Hans Saari Memorial Fund, and each of their respective agents, employees, officers, directors, trustees, representatives, independent contractors, volunteers, and all other persons or entities associated or affiliated with them (collectively referred to in this Document as 'HSMF'), I, the above named person, authorized to represent the stated Organization hereby acknowledge, agree and promise and covenant to release and discharge the HSMF as follows:

ACKNOWLEDGEMENT OF RISK

As an authorized representative of the Organization, I understand and acknowledge that the activity for which the Organization is receiving this grant and which the Organization voluntarily engages in bears certain risks that could result in injury, death, illness, disease, physical or mental, or damage. Among these risks are the following:

1. Acts or omissions in any degree of the HSMF, its agents or employees, and other persons or entities
2. the nature of the activities themselves such as, mountaineering, rock climbing, ice climbing, skiing, and any combination thereof;
3. the acts of other participants in these activities;
4. weather conditions;
5. contact with plants or animals;
6. the Organization's own acts or omissions;
7. condition of roads, trails, waterways or terrain, and accidents connected with their use and the use of vehicles of approach, including, but not limited to land vehicles, aircraft, fixed and rotary wing;
8. first-aid, emergency treatment, or other services rendered;
9. consumption of food or drink.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, may also result in injury, death, illness, disease, or damage

I have read this section and initial it to show that I understand and agree: _____

RELEASE AND INDEMNITY

As an authorized representative of the Organization, I hereby voluntarily release and forever discharge the HSMF from any and all liability, claims, demands, actions or rights of action, which are related to this of grant award, or are the result activities for which the grant is received: including specifically, but not limited to, the acts of the HSMF for all injury, death, illness, disease or damage.

The Organization further agrees, promises and covenants to hold harmless and indemnify the HSMF for any liabilities, demands, claims, or actions caused by actions or activities for which the grant was received. The Organization agrees, promises, and covenants not to sue, assert or otherwise maintain or assert any claim against the HSMF for any injury, death, illness, disease or damage to property, arising from the receipt of said grant or connected with participation in the activities for which the scholarship was received.

I have read this section and initial it to show that I understand and agree: _____

ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AGREEMENT

As an authorized representative of the Organization, I understand and acknowledge that by initialing and signing this document the Organization has given up certain legal rights and/or possible claims which it might otherwise assert or maintain against the HSMF including specifically, but not limited to, rights arising from the acts or omissions of the HSMF.

It is agreed and understood by and between the parties that any legal dispute arising out of the Agreement is to be adjudicated under the laws of the State of Montana.

It is also agreed and understood by and between the parties that if any Court should vacate or strike any portion of this Agreement, such vacating or striking will not affect any other portion of this Agreement.

I have read this section and initial it to show that I understand and agree: _____

ENTIRE AGREEMENT

On behalf of the Organization, I understand that this is the entire agreement between the Organization and the HSMF, and it cannot be modified or changed in any way by the representations or statements of any employee or agent of the HSMF, or by me as an agent of my Organization.

I have read this section and initial it to show that I understand and agree: _____

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

DATE: _____

RECIPIENT ORGANIZATION: _____

NAME/POSITION OF REPRESENTATIVE: _____

SIGNATURE OF REPRESENTATIVE: _____

SIGNATURE OF WITNESS: _____