



WARRIOR HERITAGE
FOUNDATION

Grant Application 2025

The Warrior Heritage Foundation is proud to support Los Angeles County-focused military and veteran nonprofit organizations by offering grants of up to \$2,500 per event. These grants are designed to help offset the costs of hosting events at Bob Hope Patriotic Hall, including expenses for food, rentals, and services..

Applications are due by the 1st Monday of every Quarter, and recipients will be notified within two weeks:

Application deadlines:

January 6, 2025

April 7, 2025

July 7, 2025

October 6, 2025

For questions, please contact Patricia Garza at patricia@warriorheritagefoundation.org.

Section 1: Organization Details

Organization Name: _____

Organization Website: _____

Event Name: _____

Purpose of the Event (Why are you hosting this event?)

How will this event improve the lives of veterans or active-duty military personnel in Los Angeles County?

Section 2: Representative Information

Representative Name: _____

Representative Title: _____

Representative Email: _____

Representative Phone Number: _____

Section 3: Event Details

Desired Date of Event: _____ Number of Guests Expected: _____

Event Start Time: _____ Event End Time: _____

Requested Room(s) at Bob Hope Patriotic Hall:

Do you require catering for your event (e.g., boxed lunches, cocktail bar, etc.)?

Yes No

If yes, please specify your catering needs:

Do you need additional rentals for your event (e.g., linens, plates, tables, etc.)?

Yes No

If yes, please specify your rental needs:

Do you require AV equipment for your event (e.g., microphones, speakers, projectors, etc.)?

Yes No

If yes, please specify your AV equipment needs:

Section 4: Grant Request Details

1. Total Amount of Grant Requested (up to \$2,500):

2. Breakdown of Requested Funding (During Regular Business Hours M, T, Th, F – 8am – 5pm/ W 8am – 8pm):

a. Catering: _____

b. Parking: _____

c. AV Equipment: _____

d. Other (please specify): _____

I certify that I understand that any event held during afterhours or weekends will incur additional costs that this Grant will not cover (e.g. security, custodial, staff time)

Print Representatives Name:

Sign Representatives Name:

Date