

Grant Request Form (GRF)

One Year Funding

Attachment A: Cover Sheet

Organization's Name _____

Mailing Address _____

Phone # _____ Website _____ Federal tax ID# _____

Sun City Lincoln Hills Community Association approved support group (SCLHCA) yes/no

Contact Person _____

Phone # _____ e-mail address _____

Project Name _____ new ___ existing ___

Number of people benefitting from grant _____ Has your organization received previous funding from LHF yes ___ no ___ If yes, when and what project(s) _____

Please provide a brief typed response to the following questions and attach to your request

- Your mission and/or major goals?
- Brief organizational history and when founded?
- List your major accomplishments last year?
- Names of project/program leaders?
- Names and titles of your Officers?
- Project/Program title?
- Anticipated outcomes and how they will be measured?
- Duration of the project/program?
- Who and how many will benefit?
- Total budget for the requested project/program?

Attachment B: Your request: for projects, programs, equipment, supplies, services.
Note: Requests for administrative support salaries will not be honored.

Amount requested from LHF _____ Total project budget _____

Description of project/activity _____

One time project/activity yes ____ no ____

Funding for the requested project/activity: (include amount requested from LHF and other sources)

Funding Source	Estimate Next year date: _____	Actual Last year date _____
Lincoln Hills Foundation	\$ _____	\$ _____
Your Organizations Fund Raising	\$ _____	\$ _____
Other Sources	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Budget: Please submit your proposed budget for your project/activity on a separate sheet

Mail this form along with the requested attachment(s) to arrive on October 1st to Grants Committee Chair, Lincoln Hills Foundation, P.O. Box 220, Lincoln, CA 95648, or e-mail to grantchair@lincolnhillsfoundation.org

Amount of funds needed in the

1st quarter \$ _____ 2nd quarter \$ _____ 3rd quarter \$ _____ 4th quarter \$ _____

As Grant/Project/Activity Manager responsible for maintaining control over the funds received for the project/ activity listed and submitting the interim and final reports on the form provided and at the requested times.

Signature _____ Please print name _____

Title _____ Date _____