

P.O. Box 220, Lincoln CA 95648-0220 Lincolnhillsfoundation.org

GRANT REQUEST FORM (GRF) **OVER $1,500**

The Mission of the Lincoln Hills Foundation is to promote and fund solutions and programs that will enhance the quality of life for the senior residents of the Lincoln community. Its purpose is to receive donations and generate other funds in order to provide services and financial support to sponsor assistance programs. The LHF is a 501(c)(3) local charity organization operated entirely by volunteers – there are no paid staff positions. 100% of all donations received go directly to programs and services to Lincoln seniors.

**In accepting a grant from the Lincoln Hills Foundation, your organization agrees to the following requirements:**

* **Your grant will NOT fund the following: alcohol, salaries, travel expenses, capital expenditures.**
* **Your grant will be used exclusively for clients, aged 55 and older, living within the geographic area of Lincoln defined as the Western Placer Unified School District, which includes Lincoln Hills, Lincoln, and Sheridan.**
* **Your organization will recognize the receipt of Lincoln Hills Foundation grant funding in all your publications including, but not limited to, press releases, brochures, and special announcements. Shortly after notification of approval of your grant request your organization will be contacted by a Foundation photographer and a member of the Grants Committee to set up an appointment for a photo commemorating the receipt of your grant.**
* **The Lincoln Hills Foundation will disclose funding to your organization in our communications and publications.**
* **The Foundation Grants Committee will designate a liaison from our committee to monitor our agreements and assure clear communications. Your liaison will be identified in your grant approval letter.**
* **Your organization will provide semi-annual or annual reports as outlined in your approval letter unless your grant is a one-time only, in which case send corroborating documents/receipts.**
* **Please provide at least two testimonials describing how this grant has helped your group/organization.**

1. Grant Amount Requested
2. Submission Date
3. Group/organization name
4. Group/organization description
5. Group/organization mailing address
6. Group/organization board/committee members

*GRF Over $1,500 continued*

1. Authorized representative applying for funding
2. Authorized representative title
3. Authorized representative email
4. Authorized representative phone number
5. Provide your Federal Tax ID
6. If this is your first grant request to the LHF/have never applied before, provide your mission and/or major goals and a brief organizational history and when founded
7. List your group/organization’s major accomplishments last year
8. Describe the project/service(s) you want funded and why they are important to your purpose/mission
9. How many Lincoln/Sheridan seniors will benefit from this grant
10. Total budget for the project/service
11. List specific estimated costs you want funded
12. List other funding sources and dollar amounts including “in kind” services
13. If this grant is accepted, send check to the attention of
14. If this grant is accepted, mailing address to send a check
15. Provide the breakdown of funds requested to be paid by quarter:
    1. 1st quarter $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. 2nd quarter $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    3. 3rd quarter $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    4. 4th quarter $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. What is your anticipated outcome(s) of this project/service, and how will it/they be measured?

**Deadline to submit this Grant Request Form: 5:00 P.M. - SEPTEMBER 30**

***As grant/project/activity manager, I am responsible for the maintenance and control over the funds received for the project/activity listed and for submitting the interim and final reports on the form provided and at the requested times, and I agree to the above requirements:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature Authorized Representative Please type name***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Title Date***

***Reminder: If your grant is accepted you will be assigned a liaison at the Lincoln Hills Foundation. Please notify your assigned liaison at the Lincoln Hills Foundation whenever your organization’s contact information/person changes***



P.O. Box 220, Lincoln CA 95648-0220 Lincolnhillsfoundation.org

GRANT REQUEST FORM (GRF) **UNDER $1,500**

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* **The Lincoln Hills Foundation will disclose funding to your organization in our communications and publications.**
* **The Foundation Grants Committee will designate a liaison from our committee to monitor our agreements and assure clear communications. Your liaison will be identified in your grant approval letter.**
* **Your organization will provide semi-annual or annual reports as outlined in your approval letter unless your grant is a one-time only, in which case send corroborating documents/receipts**
* **Please provide at least two testimonials describing how this grant has helped your group/organization.**

1. Grant Amount Requested
2. Submission Date
3. Group/organization Name
4. Group/organization description
5. Group/organization mailing address

*GRF Under $1,500 continued*

1. Group/organization board/committee members
2. Authorized representative applying for funding
3. Authorized representative title
4. Authorized representative email
5. Authorized representative phone number
6. Provide your Federal Tax ID #/EIN #
7. If this is your first grant request to the LHF/have never applied before, provide your mission and/or major goals and a brief organizational history and when founded
8. List your group/organization’s major accomplishments last year
9. Describe the project/service(s) you want funded and why they are important to your purpose/mission
10. How many Lincoln/Sheridan seniors will benefit from this grant
11. Total budget for the project/service
12. List specific estimated costs you want funded
13. List other funding sources and dollar amounts including “in kind” services
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***Signature Authorized Representative Please type name***

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***Title Date***

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