

GRANT REQUEST FORM (GRF) PAGE 1 OF 3

ORGANIZATION

NAME _____

PROJECT/SERVICE

NAME _____

Funding Period _____

Submission Date _____

One-Time Project/Activity ___ YES ___ No

Is Project ___ NEW ___ EXISTING ___ RENEWAL

Mailing Address _____

No. of people who will benefit from grant _____

Has your organization received previous funding from LHF ___ YES ___ NO **If yes, when and for what projects** _____

Contact Person (for questions) _____

Contact Phone _____

Website _____

Fed Tax ID# _____

Is this a Lincoln Hills Community Association approved support group (LHCA) ___ YES ___ NO **If yes, when and what projects:**

If grant is approved, LHF will prepare the grant check with this information:

Payable to: _____
(name of organization/individual)

Attention to: _____
(individual's name)

Mailing Address: _____

Please provide brief typed responses to the following questions and attach pages to this request:

1. Your mission and/or major goals
2. Brief organizational history and when founded
3. List your major accomplishment last year
4. Contact Information for project/program leaders
5. Project/service name
6. Anticipated outcomes and how they will be measured
7. Duration of the project/service
8. Who and how many will benefit
9. Total budget for the project/service
10. Name(s) of the organization's board/committee

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Your request for projects, programs, equipment, supplies. (Requests for administrative support salaries will not be honored)

Amount Requested from LHF \$ _____ Total Project Budget \$ _____

Description of project/activity _____

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

FUNDING SOURCES	ESTIMATE FOR NEXT YEAR Date: _____	ACTUAL LAST YEAR Date: _____
LHF	\$ _____	\$ _____
Your Organization's Fundraising	\$ _____	\$ _____
Other Sources:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Breakdown of funds requested by quarter:

1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

Mail this form along with the requested attachments to arrive by **5:00 p.m. on October 1st** to:
Grants Committee, Lincoln Hills Foundation, P.O. Box 220, Lincoln, CA 95648
 or email to grantchair@lincolnhillsfoundation.org

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

1. Your grant will be used exclusively for clients, aged 55 and older, living within the geographic area of Lincoln defined as the Western Placer County Unified School District, which will include Lincoln Hills, Lincoln and Sheridan.

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2. *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.*
3. *The Lincoln Hills Foundation will disclose funding to your organization in our communications and publications.*
4. *The Foundation Grants Committee will designate a liaison from our Committee to monitor our agreements and assure clear communication. Your liaison will be identified in your grant approval letter.*
5. *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.*

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	Please Print Name
Title	Date _____