

## GRANT REQUEST FORM (GRF) PAGE 1 OF 3

<b>ORGANIZATION</b>	<b>PROJECT/SERVICE</b>
<b>NAME</b> _____	<b>NAME</b> _____
<b>Funding Period</b> _____	<b>Submission Date</b> _____
<b>One-Time Project/Activity</b> ___ YES ___ No	<b>Is Project</b> ___ NEW ___ EXISTING ___ RENEWAL

Mailing Address _____ _____	No. of people who will benefit from grant _____
Contact Person (for questions) _____	Has your organization received previous funding from LHF ___ YES ___ NO If yes, when and for what projects _____
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:**

1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_

Email this form along with the requested attachments to arrive by **5:00 p.m., September 30th** to:

[cfhigh23@icloud.com](mailto:cfhigh23@icloud.com) or mail via USPS to:

**Catherine High**  
**Lincoln Hills Foundation Grants Committee**  
**267 Saddlehorn Loop, Lincoln, CA 95648**

**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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<b>One-Time Project/Activity</b> ____ <b>YES</b> ____ <b>No</b>	<b>Is Project</b> ____ <b>NEW</b> ____ <b>EXISTING</b> ____ <b>RENEWAL</b>

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:*

<i>Signature</i>	<i>Please Print Name</i>
<i>Title</i>	<i>Date</i> _____

***Reminder: Please notify your assigned liaison at the Lincoln Hills Foundation whenever your contact information/person changes***