

# REQUIREMENTS FOR GRANT REQUESTS UNDER \$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 the 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 (2) testimonials describing how this grant has helped your group/organization.**

**DEADLINE TO SUBMIT: SEPTEMBER 30 - 5:00 p.m.**

*\* Indicates required question*

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## **LINCOLN HILLS FOUNDATION GRANT REQUEST FORM (GRF) For Grant Requests Under \$1,500**

1. Submission Date \*

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*Example: January 7, 2019*

2. Group/Organization Name \*

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3. Grant Amount Requested \*

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4. Group/Organization Description \*

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5. Group/Organization Mailing Address

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6. Group/Organization Board/Committee Members \*

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7. Name of Authorized Representative Applying For Funding \*

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8. Title of Authorized Representative Applying For Funding \*

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9. Email of Authorized Representative \*

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10. Telephone of Authorized Representative \*

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11. Your Federal Tax ID # \*

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12. 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

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13. List your group/organization's major accomplishments last year \*

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14. Describe the project/service(s) you want funded and why they are important to your purpose/mission

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15. How many Lincoln/Sheridan seniors will benefit from this grant? \*

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16. Total budget for the project/service \*

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17. List specific estimated costs you want funded \*

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18. List other funding sources and dollar amounts including "in kind" services \*

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19. If this grant is approved, send check to the attention of \*

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20. If this grant is approved, mailing address too send check \*

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21. What is your anticipated outcome(s) of this project/service, and how will it/they be measured?

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22. Other comments you wish to make that have not been covered above.

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**DEADLINE TO SUBMIT THIS GRANT REQUEST FORM: 5:00 p.m. SEPTEMBER 30**

23. 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.

*Check all that apply.*

Yes

24. I agree that the insertion of data into the following fields constitutes an electronic signature \*

*Check all that apply.*

Yes

25. I certify that I am authorized by the Executive Director and/or the Board of Directors to submit the proposal on behalf of the above named organization.

*Check all that apply.*

Yes

26. The information I have submitted herein is true and accurate. \*

*Check all that apply.*

Yes