

# **Grant Application Request**

ABOUT YOUR ORGANIZATION
Legal Name:
Tax Identification Number:
Address:
Website:
Name of Executive Director:
Phone Number of Executive Director:
Email of Executive Director:
Organization's fiscal year end:

Provide the organization's mission statement as listed on the most recent Form 990:

### Please submit the following documents with this Grant Application Request:

- List of the organization's current Board of Directors including employer and position, if applicable, and community involvement.
- > Budget versus actual for current year and prior two fiscal years with accountant's report, if applicable.

# FUNDS APPLICABLE TO YOUR GRANT APPLICATION REQUEST

The following funds provide funding annually in the Spring, through a competitive grant application process. Select the fund and its corresponding amount that is applicable to this grant request. More than one fund may be selected, if applicable.

Funds	Grant Amount
Margaret A. Friedland Fund for Children in Manitowoc County Supports, encourages, and promotes programming and opportunities for positive growth for low income and disadvantaged children in Manitowoc County.	\$5,100.00
Lakeshore Protecting Animal Welfare Fund Supports the health and welfare of companion animals in Calumet, Manitowoc, and Sheboygan Counties.	\$4,600.00
<b>The Open Hand Fund</b> Supports human needs as well as organizations with Protestant and Evangelical affiliations located in Manitowoc County.	\$4,400.00
Raleigh and Agnes Sorge Charitable Fund Supports human needs in Manitowoc County.	\$2,600.00
Love Your Neighbor Fund Supports the work of any qualified charitable organization in Manitowoc County. Two distributions will be awarded for the following amount:	\$7,100.00
<ul> <li>Anonymous Fund</li> <li>Supports the work of qualified charitable organizations in Manitowoc County within any of the following areas of interest:</li> <li>Conservation: land, wildlife, environment, education.</li> <li>Music education.</li> </ul>	
<ul> <li>Youth development, including development for youth with disabilities.</li> </ul>	\$1,200.00

# ABOUT YOUR REQUEST FOR FUNDS

**Important:** Responses are limited to the space provided for each question. Use detailed data where appropriate. If an acronym is used, identify its proper name. Do not attach additional pages. If additional information is needed, it will be requested.

In one (1) sentence or phrase, summarize the proposed project/program for which funding is requested. For example, "an employment program for residents at the homeless shelter". > What is the desired outcome of the project/program?

> How will this project/program be implemented and accomplished? Include collaboration with other organizations.

> What metrics will be used to assess the progress and outcomes of this project/program? If this is an existing program, what are the metric results from prior years?

> Explain how the project/program is consistent with your mission statement.

## Budget

Itemize the project/program expenses for which funding is requested.

Line	Budget Expense Item	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
	Total Budget Expenses:	

## **Other Funding Sources**

List other funding sources that will be used to implement the project/program. Include "in-kind" and "matching" funds as well as any funds that will be drawn from the operating budget and/or reserve fund or endowment.

Line	Funding Source	Amount Requested	Is Request Pending or Confirmed?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total Funding Sources:		

### **Future Funding**

Specify your plans to continue financing the project/program in future years if this grant is awarded.

### SIGNATURE OF AUTHORIZED SIGNERS - Two signatures are required.

I declare that I am authorized to sign this application on behalf of the above organization and that to the best of my knowledge and belief this application is correct. I agree to promptly notify Lakeshore Community Foundation, Inc. of any material changes in this application or the requested documentation during the application process and during the grant period if the grant is awarded.

NOTE: Incomplete grant applications will automatically be eliminated from the grant decision process.

Executive Director	Printed Name	Date
President, Board of Directors	Printed Name	Date

Please submit the completed Grant Application Request and additional requested information electronically to: rwiegert@LakeshoreCommunityFoundation.org.

Thank you for your organization's service to the community.