



Grant Application Request

Thank you for your interest in applying for a grant. We appreciate your organization's dedication to serving our community.

Application Instructions:

- All responses must be concise and limited to the space provided on the application form. Responses that do not appear within the space provided will not be considered in the grant review process.
- Please do not attach additional pages or supplemental materials. If further information is needed, the Foundation will request it directly.
- Submit completed and signed applications to Jon Swanson by either:
 - Email: jswanson@LakeshoreCommunityFoundation.org
 - Mail: 915 Memorial Drive, Manitowoc, Wisconsin 54220

Important Dates:

- Application Opens: February 1
- Application Due: March 15
- Notification of Decisions: June 1

We look forward to reviewing your application and learning more about the impact your organization is making.

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



Legal Name:

Mission Statement:

In one (1) sentence or phrase, summarize the proposed project/program for which funding is requested:

How will this project/program be implemented? Describe the desired outcomes and any collaboration with other organizations.

What metrics will be used to assess the progress and outcomes of this project/program? Include who your target population is and the estimated number of people directly impacted. If this is an existing program, what are the metric results from prior years?

How will you continue financing this project/program in future years if this grant is awarded?

Other Relevant Information

If you feel there is additional relevant information related to your request, please briefly describe that below:

Budget

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

Line	Project/Program Expenses	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total Project/Program 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:			

SIGNATURE OF AUTHORIZED SIGNER

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.

Name, Title

Printed Name

Date