LILLIAN FUND GRANT APPLICATION

Date:

Organization:

Mailing Address:

Name of Contact Person:       Position:

Office Tel:       E-mail:

Program Name:

Grant Amount Requested:       Total Project Budget:

Program start date:       Program end date:

Project Summary, including the need addressed and expected outcomes/benefits (1/2 page limit):

I hereby certify that the statements contained in this application and attachments are true and correct.

 Date:  Signature:

 Executive Director (or equivalent)

 Print name:

 Date:  Signature:

##  Chair of Board

 Print name:

**PROJECT INFORMATION:**

1. What is the major goal of the project?

1. What are the specific activities to be undertaken to achieve the goal or objective?

1. What is the target population?

1. Describe the present need for the project.

1. What already exists in the community, field of activity and in general that addresses this need?

1. What other funders has the applicant approached, plans to approach or applied to for funding for this project? What is the status of those requests? Please be specific.

**ORGANIZATION INFORMATION:**

1. When was the applicant organization created?

1. What is the applicant organization’s mission?

1. State number of paid employees, specifying full-time and part-time.

1. What is the applicant's current overall annual budget?

1. Please provide any additional information that may assist the Foundation in considering your application.