



*LTlov supports neighbors helping neighbors to overcome limiting circumstances*

## 2019 Emergency Grant Application

Date \_\_\_\_\_

\*Please fill in all blanks and do not alter the format, order of questions, or other information in the application.\*

Organization Name \_\_\_\_\_ Years in Operation \_\_\_\_\_

Organization Phone \_\_\_\_\_ Website \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

LTlov Sponsoring Member's Name (if applicable): \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

The amount requested (*circle one*) **will / will not** fund the entire cost of a specific project or program.

Is your organization able to accept partial funding? (*circle one*) **Yes / No**

Previous grants from LTlov: Amount /Year received \$ \_\_\_\_\_ / \_\_\_\_\_, \$ \_\_\_\_\_ / \_\_\_\_\_, \$ \_\_\_\_\_ / \_\_\_\_\_

Organization Mission Statement. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Define the **purpose of your funding request** including the group/individuals that are served.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Define the specific criteria by which this project/program/purchase has or will measure success, how its success will be reported to LTlov, and by what date LTlov should anticipate this reporting if an emergency grant is awarded.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List additional funding sources benefitting this project/program/purchase. Include:

1) ) the total funding received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) the total of outstanding funding applications made by your organization.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization Financial/Client Data**

<b>2019 Projected Income</b>	<b>2019 Projected Total Expenses</b>	<b>2019 Projected Salaries and Related Expenses</b>	<b># of Individuals Served</b>	<b>% of Served residing in LTISD</b>

**Required Documentation/Attachments:**

1. A copy of the 2017 IRS Form 990 tax return
2. Itemized in-kind donations converted to dollars: [https://www.independentsector.org/volunteer\\_time](https://www.independentsector.org/volunteer_time) (title: XYZ Org In Kind Donations 2017)
3. 501c3 Letter of Determination (this is required of all applicants, both new and returning) (title: XYZ Org 501c3 2017)

**Additional Considerations:**

The Committee will inform your organization within one calendar week if the application is incomplete, thereby affording opportunity to resubmit a completed application. Applications that are incomplete will be ineligible for consideration.

LTlov may request a presentation to confirm present and continued grant funding eligibility.

LTlov may request a tour of your organization's facility to confirm present and continued grant funding eligibility.

LTlov may request a certified financial statement.

All LTlov Annual Grant monies are restricted to qualifying program/project support only.

Signature of Authorized Representative \_\_\_\_\_

Title of Authorized Representative \_\_\_\_\_

Printed name of Authorized Representative \_\_\_\_\_

**We prefer to receive all forms/correspondence via email to [grants@ltlov.org](mailto:grants@ltlov.org)**  
Hard copies may be sent to: LTlov, Attn. Grants Funding, 2121 Lohman's Crossing Rd, Ste 504-463, Lakeway TX 78734

