\*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) Total funding received:

2) Total dollar amount of outstanding funding applications submitted by your organization:

**Organization Financial/Client Data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2020 Projected Income** | **2020 Projected Total Expenses** | **2020 Projected Salaries and Related Expenses** | **# of Individuals Served** | **% of Served residing in LTISD** |
|  |  |  |  |  |

**Required Documentation/Attachments:**

1. A copy of the 2018 RS Form 990 tax return

 2. Itemized in-kind donations converted to dollars: <https://www.independentsector.org/volunteer_time>

 (title: XYZ Org In Kind Donations 2019)

3. 501c3 Letter of Determination (this is required of all applicants, both new and returning)

 (title: XYZ Org 501c3 2019)

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**

Hard copies may be sent to: **LTlov, Attn. Grants Funding,** **2121 Lohman’s Crossing Rd, Ste 504-463**, **Lakeway TX 78734**