\*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: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please note, the request may not exceed $5,000.00)

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 $\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_, $\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_, $\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Have all past grant monies been spent? *(circle one)* **Yes / No** (If no,) Amount Unspent: $\_\_\_\_\_\_\_\_\_\_

Reason(s)

How was previous grant spent?

**General Questions about your Organization**

Define the **general purpose of your organization** including the group/individuals that are served. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Mission Statement.

List additional funding sources currently benefitting your organization.

**Questions Specific to the Project/Program/Purchase for Which Funding is Requested**

In a **brief** description, **specify the project/program/purchase to which requested funds will be allocated** and how it has or will directly benefit the greater Lake Travis Community. (Required: Estimated Budget for project/program /purchase). Please note, if the request is to fund a scholarship/s, the addendum that follows this application must also be completed and submitted.

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 a 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2019 Income** | **2019 Total Expenses** | **2019 Salaries Expenses** | **# of Individuals Served** | **% of Served residing in LTISD** |
|  |  |  |  |  |

**Deadline:** The 2020 Annual Grant Application must be submitted no later than **Wednesday, March 25, 2020**.

**Required Documentation/Attachments:**

1. A copy of the 2018 IRS 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)

4. Addendum (required only if the request for grant monies is to fund a scholarship/s)

 (title: XYZ Org Scholarship Addendum 2020)

Additional Considerations:

The Grants Committee highly recommends submitting your organization’s application well before the deadline. The Committee will inform your organization within one calendar week if the application is incomplete, thereby affording opportunity to resubmit a completed application before the deadline. Applications that are incomplete on the deadline 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**

*Addendum to 2020 LTlov Grant Application*

*(****only*** *for scholarship requests)*

How is the scholarship marketed/made known to the target population it is intended to serve?

List the eligibility criteria for earning the scholarship.

Briefly describe the application process for those wishing to be chosen to receive the scholarship.

What is the process for selecting scholarship recipients? Please attach a copy of the scholarship application (and any other documentation you would like to share regarding the scholarship).

If the scholarship has been awarded to the same person/people multiple times, please include a 3 yr. history of its recipient/s.

Additional comments.