



LTlov supports neighbors helping neighbors to overcome limiting circumstances

2021 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) Total funding received: _____

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

Organization Financial/Client Data

2021 Projected Income	2021 Projected Total Expenses	2021 Projected Salaries and Related Expenses	# of Individuals Served	% of Served residing in LTISD

Required Documentation/Attachments:

1. A copy of the 2019 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 2020)
3. 501c3 Letter of Determination (this is required of all applicants, both new and returning)
(title: XYZ Org 501c3 2020)

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