



**LENNOX AREA
COMMUNITY FUND**

GRANT APPLICATION

CONTACT INFORMATION

Name of Organization:

Address:

City:

Zip Code:

Phone:

Executive Director or Chief Administrator:

Contact Person:

Contact Person Phone:

GRANT REQUEST

Grant Amount Requested:

ABOUT YOUR ORGANIZATION

(Check all that apply)

Organization is a 501(c)3 organization

Organization is a government entity

Organization is other

Please describe:

Note: If your organization is not exempt under section 501(c)3 of the Tax Code or a government entity, you may not be eligible to receive a grant.

Mission Statement:

(What is the purpose of this organization?)

Description of Need:

(State the issue/opportunity to be addressed)

Describe the geographic area to be served by this grant:

Please describe with specifics how the grant will be used:

Organization's Annual Operating Budget:

Please complete the following if the grant request is for other than general operating costs:

Total cost of the project for which the grant is requested:

Other pledges/commitments secured for this project:

\$ From:

\$ From:

\$ From:

\$ From:

Describe how the project will be financed in the future:

If applicable, state the estimated time of completion of the project:

Signature:

APPLICATION SUBMISSION INSTRUCTIONS

Please return this application with the following items:

- Line item budget for proposed expenses and revenue for the project
- 501(c)3 letter from the IRS (if applicable)
- Current roster of your Board of Directors or a list of committee members
- Brochure or other information about your organization

RETURN THIS APPLICATION BY AUGUST 1 TO:

BY MAIL:

Lennox Independent
Attn: Kelli Bultena
PO Box 76
Lennox, SD 57039

BY EMAIL:

ads@lennoxnews.com

Grant recipients will be notified and presented their grant funding in September, following the Annual Meeting of the Lennox Area Community Fund.