LEGACY VILLAGE COMMUNITY FUND

GRANT APPLICATION

PROJECT TITLE: Click or tap here to enter text.

Applicant Contact/Project Person name: Click or tap here to enter text.

Applicant Contact/Project Person email: Click or tap here to enter text.

Applicant Contact/ Project Person phone number:

PROJECT SUMMARY:

Total Project Budget:

Requested Amount: (max. $5000)

Project Period: to

Have you previously spoken with a specific Foundation staff member regarding this submission?

☐ Yes ☐ No

Project Summary: (Brief overview of the proposed project/program).

Budget: Summary of expenses to be supported by the requested funds (e.g., staff, supplies, travel, etc.)

What will happen because of your program? How will you measure success? *(Identify specific activities that will take place and how many individuals will be served.)*

Provide any other information not captured elsewhere regarding your organization's program, or project that you believe will help Foundation staff understand this proposal.

Please fill in the following chart, and make sure that your requested expenses equal your requested grant amount.

Expenses	Fund Request	Other Funding	Description
Salaries & wages			
Consultants			
Travel			
Equipment			
Office Supplies/ Materials			
Postage/Mailing			
Indirect Expenses (rent, occupancy, utilities, maintenance)			
Other			
Total			

Applicant Signatures (Required)

The signatures constitute my certification that our organization prohibits discrimination in all its programs and activities based on race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation and marital or family status.

_____ _____

Building Principal **Date**

_____ _____

Assistant Superintendent **Date**