

GRANT REQUEST FORM

BACKGROUND INFORMATION

Request date: _____

Tax Exemption Classification: _____

Name of Organization: _____

Complete Address: _____

City, State: _____ Zip: _____

Telephone No.: _____ Website Address: _____

Contact Person: _____ Title: _____

Contact Person: _____ Title: _____

Email Address: _____ Email Address: _____

Program/Project Title/Name: _____

Specific Description of Proposed Use of Grant Funds: _____

Mission Statement of the Organization: _____

Municipality in which activities are conducted: _____

Grant Category: [check only one]

- General Operating Program Capital project Technical Assistance

Amount Requested \$: _____

Organizations Request Authorization:

This grant request is being submitted with the knowledge and authorization of the Board of Directors.

Name: _____, Board President/Chair

Signature: _____ Date: _____

FINANCES: Fiscal Health Information

This detailed information is intended to provide the Grant Committee with an important overview of your organization's health.

It is required that we have a response to each item listed below.

Current overall operating budget: \$ _____

Current source of funds (in %):

Gov. Funds/Grants	___%	Corporate	___%	Annual giving	___%
Endowment income	___%	Foundation	___%	Fee Income	___%
Investment Income	___%	Special Events	___%	Other	___%

Amount of operating funds available: \$ _____

Do you have an Endowment Fund? ___yes; ___no

If "yes", current fund balance \$ _____

Amount/percentage of operating budget ending in surplus/deficit: (please check)

Surplus \$ _____; _____% Deficit \$ _____; _____%

If there is a deficit, is this a recurring deficit in the past three years? YES ___ NO ___

Explain reason for deficit: _____

Do you have any current organization loans greater than \$10,000? YES _____ NO _____

If yes, please briefly explain: _____

**Mail to: Richmond Lions Club
 Attn: Secretary**