

APPLICATION FOR JANE LONON LEGACY GRANT

Applicant _____

Name of Organization _____

Mailing Address _____

Daytime Phone _____ Email _____

Contact Person _____ Title _____

Status of Applicant (eg. Non-profit, individual, business etc.) _____

Description of Project. Answer the following questions in order.

What are you planning to do?

Where and when will you do it?

Why will you do it?

How does it fulfill the objectives of the Jane Lonon Legacy Fund?

How will you assess your success?

Have you completed any previous projects?

What is the total cost of the project? Please attach a detailed budget for the project.

Are there other sources of funding that you plan to use, and if so, how much?

What are the expected expenses, including fees paid to individuals?

How will the Jane Lonon Legacy grant funds be used?

Applicant agrees that if they are awarded a grant, they will provide a project end report within 30 days of project completion. This report shall describe what their project accomplished and how it met the objectives of the Jane Lonon Legacy Fund.

Funds Requested from the Jane Lonon Legacy Fund.

\$ _____ Date(s) when cash grant is needed _____

Signature of Applicant

Title of Applicant (if applicable)

Date: _____