

The Lazar Foundation Grant Application Form

Fill this form, or complete the information on a single separate sheet using a computer. Financial data and the amount requested must be expressed in US currency. Please contain the length of your answers in the fields provided.

Date:

Organization Name:

Address:

City:

State/Prov:

Zip/Postal:

Phone:

Email:

Web Site:

Board President:

Chief Executive Officer:

Contact Person/Position:

No of Full-time paid staff:

Part-time paid staff:

Geographic Area served:

Organizational fiscal year:

Current annual operating budget:

% of operating costs for programs:

% of revenues from grants:

Year incorporated

This proposal is for: General support

Project support

Proposal title:

Amount of this request:

Total project/program budget:

Project/program funds in hand:

Project/program funds promised:

Percentage of project budget allocated for lobbying*:

Project time frame for expenditure of the grant funds:

From:_____

(Month/year)

To:_____

Proposal Summary: (Use additional space if needed and don't forget to also submit your full proposal as outlined in the grant making guidelines.) lazarfoundation.org

*Please give us the percentage of lobbying for the entire project. We already know that Lazar Foundation does not fund any part of the lobbying effort.

Proposal Summary