

GRANT APPLICATION FORM

THE LAWRENCE SAUNDERS FUND
c/o Pennsylvania Trust
5 Radnor Corporate Center, Suite 450
100 Matsonford Road
Radnor, Pennsylvania 19087
LSF@penntrust.com

Instructions:

1. All fields of this application must be completed (unless indicated) and typewritten.
 2. A completed proposal packet, including this Application Form and full proposal with all required attachments must be submitted by June 15 in accordance with the Grant Guidelines.
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- 1.) Date of Proposal: _____
- 2.) Name of Organization: _____
- 3.) Tax Identification Number: _____
- 4.) Address: _____
City: _____ State: _____ Zip: _____
- 5.) Phone Number: _____ Fax Number: _____
- 6.) Email Address: _____
- 7.) Contact Person: _____ Title: _____
- 8.) Proposal Category (see guidelines; please check only one)

EDUCATIONAL

ENVIRONMENT

HUMAN / SOCIAL SERVICES

For office use only

Amt Req:

Emailed:

Entry:

Awarded:

9.) Proposal Amount Requested: _____ (not to exceed \$5,000.)

10.) Brief Description of Request: _____ (2 to 7 words)

11.) Summary of Project / Request:

12.) Organization Background Summary:

13.) Geographic Area Served: _____

14.) Client Population Served: _____
(Please specify Children, Elderly, Homeless, Disabled, Etc.)

15.) Number of Individuals Served: _____

16.) Organization's Annual Budget: _____

17.) Total Project Budget (if applicable): _____

Funds Still Needed for Project (if applicable): _____

18.) Three Major Funders of Organization:

1 _____

2 _____

3 _____

19.) Other Funders for Project (if applicable):

1 _____

2 _____

3 _____

20.) Additional Information to be considered (optional):

Name of Officer

Title

Signature of Officer

Date