

# GRIGG-LEWIS FOUNDATION, INC.

76 WEST AVENUE  
LOCKPORT, N.Y. 14094  
(716)478-0002  
www.grigglewis.org  
e-mail grigglewis@grigglewis.org

## GRANT APPLICATION

DATE: \_\_\_\_\_

1. Organization Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City, State, Zip Code : \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

3. Date Incorporated: \_\_\_\_\_ Date Fiscal Year Begins: \_\_\_\_\_

4. Contact Person & Title: \_\_\_\_\_ Ph. # \_\_\_\_\_

5. Total Agency Budget: \_\_\_\_\_

Program Budget: \_\_\_\_\_

6. Amount Requested: \_\_\_\_\_

7. Project Title: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Completion Date (if applicable): \_\_\_\_\_

8. Is this a new program for your organization? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Previous funding from the Foundation? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

**10. BRIEFLY SUMMARIZE THE ORGANIZATION'S HISTORY, MISSION AND GOALS:**

**11. PURPOSE OF REQUEST (The summary should not exceed this space):**

**12. DESCRIBE NEED & IMPACT ON NIAGARA COUNTY:**

**13. LIST ANY OTHER ORGANIZATIONS IN THE AREA WITH A PURPOSE SIMILAR TO YOUR ORGANIZATION AND ANY COLLABORATION, IF APPROPRIATE.**

**14. DESCRIBE YOUR PLANS FOR SUSTAINING THE PROGRAM (IF APPLICABLE):**

**15. FUNDING SOURCES AND AMOUNTS APPLIED FOR, RECEIVED OR COMMITTED.**

**16. PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THIS APPLICATION:**

- A) A complete budget for the project or program.**
- B) The current or proposed annual operating budget; Describe separately in-kind services and volunteers' hours.**
- C) An applicant must have obtained a 501 (c)(3) determination letter prior to submitting an application and must include a copy with this application. If the applicant is not required to have obtained a 501 (c)(3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in section 509(a) (1), (2), or (3).**
- D) A list of officers and directors and relevant affiliations.**