

**LOOK MEMORIAL FUND APPLICATON**

Organization \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Administrator \_\_\_\_\_ Email \_\_\_\_\_

Purpose or organization, variety and extent of services provided in the past year. \_\_\_\_\_

State specifically what project is being requested. \_\_\_\_\_

Describe nature of the project and equipment or materials needed. \_\_\_\_\_

How does the proposed project contribute to this purpose and how is the success of the project to be evaluated? \_\_\_\_\_

How will the residents of Lowell benefit from this project? \_\_\_\_\_

Is your organization non-profit? \_\_\_\_\_ IRS Ruling which affirms this \_\_\_\_\_

Has this project been approved by the Board of your organization? \_\_\_\_\_ If so, please attach a letter of endorsement from the Chairman.

Is your organization an agency of the United Way? \_\_\_\_\_ If so, has this project been reviewed with them? \_\_\_\_\_

Name of United Way Staff person participating in review \_\_\_\_\_

What is the total cost of the project for which you need funds? \_\_\_\_\_

Please attach a copy of your budget, which will detail your expenses, and source of income for this project.

How much is requested from the Look Memorial Fund? \_\_\_\_\_

How do you plan to finance the balance? \_\_\_\_\_

If this is a capital request, how will the operating expenses be met? \_\_\_\_\_

Please list the name and address of your organization's Boardmembers on the reverse side and indicate the total amount of money they have pledged toward the project for which you are requesting funds from us.

\_\_\_\_\_  
Signature, Chairperson, Board of Directors

\_\_\_\_\_  
Signature, Administrator

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Typed Name and Title

RETURN 7 copies of your grant request packet and this application to:  
Lowell City Hall, Look Memorial Fund, 301 East Main Street, Lowell, Michigan 49331.