



LSB Foundation

GRANT APPLICATION

Organization Name _____ Submission Date _____

Program Name _____

Contact Name _____ Phone Number _____ Fax _____

Address _____ City _____ State _____ Zip _____

Date Needed: _____ Areas organization serves (*cities, counties, etc*) _____

Is your organization a 501(c)3 organization? (*Please include IRS exemption letter with request and list tax exempt number*) _____ Registration Date _____

Does your organization serve low to moderate income people? (*If yes please estimate what percentage.*) _____

Amount of Funding Request \$ _____

Total Fund-raising Goal for project / program \$ _____

Total Corporate Goal for project / program \$ _____

Capital _____ Operating _____ Other _____

During the current fiscal year, how much funding do you receive in your agency from the following sources: (Total agency budget.)

| SOURCE | AMOUNT | % OF TOTAL |
|------------------------------------|----------|-------------|
| United Way | \$ _____ | _____ |
| County Funds | \$ _____ | _____ |
| City Funds | \$ _____ | _____ |
| Federal Funds | \$ _____ | _____ |
| State Funds | \$ _____ | _____ |
| Corporation Contributions | \$ _____ | _____ |
| Foundations | \$ _____ | _____ |
| Individual Contributions | \$ _____ | _____ |
| Client Fees | \$ _____ | _____ |
| Subcontracts/Collaborative Efforts | \$ _____ | _____ |
| Other: (Specify type) _____ | \$ _____ | _____ |
| | \$ _____ | _____ |
| TOTAL AGENCY FUNDS | \$ _____ | 100% |

Please indicate which category best describes the use for this request.

- Health & Human Services
 Youth & Education
 Arts & Culture
 Community Development



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Mission/Purpose of Organization: _____

Is this the only funding request your organization will be making to the LSB Foundation (Lincoln Savings Bank and/or LSB Financial) this calendar year? _____

If no, please specify additional funding request (s) (ie. Special events, sponsorships, dinner/ticket purchases) _____

Please provide names of any employee(s) of Lincoln Savings Bank, or its subsidiaries, who serve on committees, councils, or board of Directors for your organization. _____

Does the organization have a current account relationship with the bank? Yes No

If yes, what type of account (s)? Checking Savings Money Market Certificate of Deposit

Loan Investments Insurance Trust Services Other _____

Have you ever received financial assistance from the LSB Foundation, Lincoln Savings Bank or any of its affiliates? Yes No

If yes, what was the total amount of the assistance? _____

What was the approximate date of the assistance? _____

PROPOSAL CHECKLIST: (All items must be included for considerations)

- Grant Application Form (include this form on the top of each proposal copy)
- Cover Letter
- Grant Proposal (amount requested, background and mission of organization, purpose of funding, desired outcomes and how measured)
- Budget(s) (for project or program for which you are seeking funds)
- Board List

Grant proposals submitted via fax or e-mail are not accepted.
Please do not send video tapes.

Please send application form and proposals to:

LSB Foundation

Lincoln Savings Bank Trust Department
Attn: Joan Rice
242 Tower Park Drive
Waterloo, IA 50701
(319) 874-4167

Grant Application Deadlines: (requests will be reviewed quarterly, visit www.mylsb.com/foundation for exact dates)