



# LSB Foundation

## GRANT APPLICATION

|   |  |  |                   |     |
|---|--|--|-------------------|-----|
| Organization Name   |  |  | Submission Date   |     |
| Program Name  |  |  |                   |     |
| Contact Name  |  | Phone Number   |                   | Fax |
| Address   |  | City   | State             | Zip |
| Date Needed:  |  | Areas organization serves ( <i>cities, counties, etc</i> ) |                   |     |
| Is your organization a 501(c)3 organization? ( <i>Please include IRS exemption letter with request and list tax exempt number</i> ) |  |  | Registration Date |     |
| Does your organization serve low to moderate income people? ( <i>If yes please estimate what percentage.</i> )                      |  |  |                   |     |

|   |           |       |
|---|-----------|-------|
| 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)              | \$     |             |
|                                    | \$     |             |
| <b>TOTAL AGENCY FUNDS</b>          | \$     | <b>100%</b> |

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: Sue Carnahan  
360 Westfield Ave Suite 6  
Waterloo, IA 50701  
(641) 484-4620

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