



# 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) _____	\$ _____	_____
	\$ _____	_____
<b>TOTAL AGENCY FUNDS</b>	\$ _____	<b>100%</b>

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

- Community Revitalization  
  Financial Literacy, Arts, & Education  
  Health & Wellness  
  Youth Development  
  Affordable Housing



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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: Karen Morrow  
302 Main St.  
Cedar Falls, IA 50613  
(319) 266-0095

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