



**GREATER LYNCHBURG  
COMMUNITY  
FOUNDATION**

**INFORMATION SHEET FOR GRANT APPLICANTS**

Applicant Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

EIN #: \_\_\_\_\_

Executive Officer: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_

Project's Starting Date: \_\_\_\_\_ Project's Ending Date: \_\_\_\_\_

Description of Project (50 words or less): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe other efforts you have made or will make to secure funding for this project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name of person completing this form)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(E-mail)