MT. LEBANON
COMMUNITY FOUNDATION

Grant Application Form

Organization Information					
Name of Organization:					
Federal ID Number (TIN/EIN)					
Tax Exempt Status (check)	( ) 501(c)(3) ( ) government entity ( ) other (specify)				
Street Address					
City		State		Zip Code	
Phone		Email-address			
Website					
Organization's Mission Statement:					

Project Information					
Project Name					
Name of Primary Contact			Title		
Phone		Email Address			
Amount of Request	$	Total Project Budget	$		
Purpose of Request (1-2 sentences):					
How will you acknowledge Mt. Lebanon Community Foundation if you receive this grant?					

Project Area(s) of Focus (please check all that are appropriate):

- □ Families and Children:
- □ Community Life
- □ Senior Citizens:

Signature:
I approve the submission of this grant request.

Authorized Signature _____ Printed Name _____ Title _____ Date _____