

**Lakewood Legacy Foundation
GRANT APPLICATION FORM**

Lakewood Legacy Foundation, c/o Clements Community Center
1580 Yarrow Street, Lakewood CO 80214
720-273-6054

Organization Name: _____

Address: _____

Executive Director/President: _____

Contact Person: _____
(if other than named above) (Name) (Title)

Office Phone: _____

Fax: _____

Purpose of Grant: _____

- General Operating (support for the applicant as a whole)
- Special program/project (specific activity of the applicant consistent with its mission)
- Capital expenditure (funds spent for additions or improvements to plant or equipment)
- Start-up costs/seed money
- Challenge grant
- Other

Brief Description of Request: _____

How Funds will be used: _____

Amount Requested: _____

Total Project Budget: _____

Name of the person authorized by the organization to submit this grant request:

Title: _____

Date of Request: _____