

**THE LAZAR FOUNDATION
GRANT APPLICATION FORM**

Date:

Organization Name:

Address:

City:

Zip/Postal:

Phone:

Fax:

Email:

Web Site:

Board President:

Chief Executive Officer:

Contact Person/Position:

No. of Full-time Paid Staff:

No. of Part-time Paid Staff:

Geographic Area Served:

Organizational Fiscal Year:

Current Annual Operating Budget:

% of Operating Costs for Programs:

% of Revenues from Grants:

Year Incorporated:

This Proposal is for: ___ General support ___ Project support

Proposal Title:

Amount of this Request:

Total project/program budget:

Project/program funds in hand:

Project/program funds promised:

Percentage of project budget allocated for lobbying:

Project time frame for expenditure of the grant funds: (Month/Year)

From : _____ To: _____

Proposal Summary:

(Use additional space if needed.)