

**The HS Lopez Family Foundation GRANT APPLICATION FORM**

**Background Information**

Program or project title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**Information about the Request (Attach a one-paragraph summary of purpose)**

Date of application: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Type of Support (please check)

Project  General Operating  Building  Technical Assistance  Emergency

What geographic area will be served? \_\_\_\_\_

Approx. number of people served? \_\_\_\_\_ Time Period covered by grant? \_\_\_\_\_

**Organizational Information**

How long has the organization been in existence? \_\_\_\_\_

Number of paid staff: Full time \_\_\_\_\_ Part time \_\_\_\_\_ how often does your Board meet? \_\_\_\_\_

IRS 501 (c)(3) numbers:

\_\_\_\_\_

**Financial Information**

Total income of organization (most recent fiscal year): \_\_\_\_\_

Total expenses of organization (most recent fiscal year): \_\_\_\_\_

If project: \_\_\_\_\_

Total expenses budgeted for the project: \_\_\_\_\_

Amount raised for the project so far: \_\_\_\_\_. Please list the other funding sources on an attached page, with amount funded per source.