



Leo Holmsten Human Life Committee, Inc.
Grant Request Form

Please Print all Information

Date of Application: _____

Requesting Organization: _____

Phone: _____ E-Mail: _____

Organization Address: _____

Requesting Person: _____ Position: _____

Organization Leader: _____ Title: _____

Proposal (Awarded must be used only for purpose stated within 12 months):

Goals of Project:

Target Audience:

Cost (Include Budget and other appropriate cost information):

Financial Support for the Project (Include all income sources and amounts):

Other Support Needed (Workers, Publicity, etc):

Other Organizations Involved (Include their role):

Other Relevant Information (Speaker's Curriculum, program design, samples, displays, tapes, etc.):

Upon completion of the project or 12 months from date of Award, which ever is sooner, the Requesting Organization will furnish a written Results Report to the LHHL Committee detailing the project, income, expenditures, goals realized and unrealized along with measurements used to determine the success or failure of the project. Also any monies unused will be returned to the LHHL Committee. The Requesting Organization will not submit another request for another project until these conditions are satisfied. If the Results Report is not received by the LHHL Committee within 15 months after the Award date the LHHL Committee reserves the right to request a return of all funds awarded.

Signed: _____ Date: _____

Send completed application to: Diann Conquest, 307 Tobey Road, Pittsford, NY 14534