



Lake of the Woods Lions Club Foundation  
P.O. Box 605 • Locust Grove, Va. 22508  
Community Needs Grant Application

Date of application: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

Director: \_\_\_\_\_

Contact person and title (if not director): \_\_\_\_\_

Is your organization a 501(c)(3) non-profit? Yes \_\_\_\_ No \_\_\_\_

What is the mission/purpose of your organization? \_\_\_\_\_

\_\_\_\_\_

Purpose of grant (one sentence): \_\_\_\_\_

\_\_\_\_\_

Amount of grant request: \$ \_\_\_\_\_

**\*Please attach a short summary of your grant proposal to include the need or problem you are seeking to address, the population that will be served and how they will benefit, itemized list of equipment/materials (if applicable) and how you will measure the effectiveness of your project. If your grant request is approved, your organization must agree to provide the Lake of the Woods Lions Club Foundation with follow up documentation of the project completion including an impact statement.**

Signature of applicant and title \_\_\_\_\_