

GRANT APPLICATION FORM

**Application for Grants
The Pineywoods Foundation of Lufkin**

Organization Name _____

Organization Name as shown on 501 (c) (3
letter _____

Address _____ City _____ State _____ Zip _____

Taxpayer I.D. No. _____ Founding Date _____

Contact Person's Name _____ Phone _____

Contact Person's Title _____ E-mail

DESCRIPTION OF PROJECT FOR WHICH FUNDS ARE REQUESTED. (Attach an
additional page, if needed) _____

Geographic Area to be served

Number of people to be served _____ Project Period: From _____ to

Type of Request: Capital Expenditure _____ Special
Project _____

Amount and source of FIRM COMMITMENTS to date for this project _____

Other funding sources (and amounts) available for this
project _____

Are you willing to match a Foundation grant for this project _____ Yes
_____ No

AMOUNT OF YOUR ORGANIZATION'S MATCH \$ _____

AMOUNT REQUESTED FROM PINEYWOODS FOUNDATION \$ _____

TOTAL PROJECT COST \$ _____

SIGNATURE _____ DATE _____