



ORGANIZATION INFORMATION

Organization Name	
Mailing address	
Website address	
Name and title of chief executive officer	
Email address	

GRANT CONTACT INFORMATION

Name and position if different from the CEO	
Mailing address of grant contact person	
Telephone number	
Fax number	
Email address	

FISCAL CONTACT INFORMATION (For receipt of check)

Name and position if different from the CEO	
Mailing address of fiscal contact person	
Telephone number	
Fax number	
Email address	

TAX INFORMATION

Tax ID #	
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Tax Status	<input type="checkbox"/> Nonprofit 501(c)3	<input type="checkbox"/> Local or state agency	<input type="checkbox"/> Fiscal Sponsor
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(Attach a letter confirming the arrangement including the contact name and contact information for the sponsor).

ORGANIZATION SUMMARY

<p>Brief description of the organization's mission and services. (Please limit to 1 paragraph)</p>

PROPOSAL

Title of Capital Project	
<p>Summary (Brief description of the capital project for which support is requested) (Please limit to 2 paragraphs)</p>	
# People to be served	
Greater Lawrence Communities to be served (by the proposed project/ facility)	
Dates of Project	



BUDGET



Amount Requested	
Budget Narrative (Brief description of the ECCF grant use, the period of time covered by the grant and other funding sources either committed or pending.)	