



The Marilyn Lichtman Foundation

GRANT APPLICATION

Thank you for your interest in The Marilyn Lichtman Foundation grant program. Please complete the below application and submit it to RBrull@marilynlichtmanfoundation.org with the subject line “Grant Application from [Name of Applicant Organization]”. Please use PDF files rather than ZIP files for any submission. Incomplete applications will not be reviewed or considered. Please contact us at RBrull@marilynlichtmanfoundation.org with any questions.

1. Date: _____
2. Is your organization located in NY, NJ, PA, CT or FL? **Yes** ☐ **No** ☐
3. Will the grant funds be used primarily in NY, NJ, PA, CT or FL? **Yes** ☐ **No** ☐
4. Amount of grant request: \$ _____
5. Exact legal name of Organization to which grant would be paid: _____
6. Address of Organization: _____
7. Employer Identification Number (EIN)/Federal Tax ID#: _____
8. Executive Director, CEO, or President:
 - a. Name: _____
 - b. Title: _____
 - c. Telephone Number: _____
 - d. Email address: _____
9. Grant Writer/Grant Contact:
 - a. Name: _____
 - b. Telephone Number: _____
 - c. Email address: _____

10. Is your Organization a 501(c)(3) Yes ☐ No ☐

a. If no, please explain:

11. Has your organization previously applied for a grant from The Marilyn Lichtman Foundation?

Yes ☐ No ☐

a. If yes, please provide date(s) of prior Grant Application(s): _____.

b. If yes, and a grant was received, please provide date(s) of Grant Notification and Acceptance Letter(s) from The Marilyn Lichtman Foundation and amount of the grant(s) received:

i. Date: _____ Amount \$ _____

ii. Date: _____ Amount \$ _____

iii. Date: _____ Amount \$ _____

iv. Date: _____ Amount \$ _____

c. If yes, and a grant was received, please provide date(s) your organization submitted the Grantee Report(s) to The Marilyn Lichtman Foundation: _____.

12. Brief summary of the Organization's history, charitable mission and goals:

13. Brief explanation of how the Organization fulfills its charitable mission and meets its goals, and how it measures success in achieving the goals:

14. Reason you are requesting grant funds: [One-two sentences only, please.]

15. What would this grant be used for?

- a. To provide general support to the Organization ☐
- b. To help the Organization with a specific program or project ☐

If you checked 15(b) above, please provide additional information about the program or project you wish to support with the grant funds, including:

- (i) the name of the project,
- (ii) a summary of the program or project's objectives and goals including who will benefit from it,
- (iii) the projected total program or project budget/cost,
- (iv) the projected duration of the program or project,
- (v) how the grant funds would be used in connection with the program or project, and
- (vi) the expected outcomes of the program or project.

Attach additional sheets if necessary.

- 16. In what geographic location(s) will the grant funds be used? _____
- 17. How often does the Organization's board of directors meet? _____
- 18. Does the Organization's board of directors have a finance committee: Yes ☐ No ☐
- 19. Does the Organization have an annual budget that is approved by the board of directors? Yes ☐ No ☐
- 20. Does the Organization have quarterly cash flow and/or other financial statements? Yes ☐ No ☐
 - a. If yes, are the quarterly cash flow and/or financial statements reviewed by the board of directors and compared with the annual budget? Yes ☐ No ☐

21. In addition to completing the above sections, please also submit:
- a. a copy of your Organization's IRS tax exemption determination letter,
 - b. your most recent audited financial statements,
 - c. a copy of your most recent IRS Form 990, and
 - d. a copy of any public promotional materials used by your Organization or a link to such materials.
- [Please do not use ZIP files to submit this Grant Application or any supporting documentation. Please use PDF files instead.]