



Leadership Tampa Alumni Philanthropy in Action

AWARD GRANT REQUEST

Submission Deadline: October 12, 2011 at 4:00 p.m.

All applications MUST be submitted via email to: PIAGRANT@LTAumni.org

PLEASE NOTE: Applications may not exceed FOUR pages in length — with a minimum 11 point font — including this cover page, project summary and budget worksheet. Please follow the format as outlined here. Applications not adhering to these specifications will be disqualified.

Date of application: _____

NAME OF PROJECT FOR LTA FUNDING: _____

Amount Requested: \$ _____

AGENCY INFORMATION:

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Executive Director: _____ Web site: _____

Email Address: _____ Telephone: _____

Contact (if other than Executive Director): _____

Telephone: _____ Email: _____

Agency Mission Statement: _____

PROPOSED PROJECT FUNDING:

To learn more about your project, please summarize your project on page 3 (one page limit) of this document and be specific about the following eight items:

1. The agency's expertise as it relates to the identified project.
2. How the project impacts the organization's ability to serve the target market.
3. How the agency derived at the need for such a project.
4. The plan to achieve the desired goal(s) and outcome(s) of the project.
5. Does the agency currently, or plan to, leverage LTA funds with other support (cash and/or in-kind) for this project.
6. How the agency will measure the outcomes and impact of this project.
7. The agency's plan for sustainability of the project beyond the current funding, if applicable.
8. Any other items that should be considered.

By checking this box: You acknowledge that your organization is a 501(c) 3 non-profit. You are agreeing that the agency's executive director is in full support of the application and is in agreement with its terms and conditions. Additionally, if your organization receives a grant, you agree to submit a grant follow-up report to the PIA Committee by November 2012.

I agree:

Name of Executive Director: _____

PROJECT SUMMARY:

BUDGET WORKSHEET: (must be filled out completely)

Are you a 501(c) 3: _____

Federal ID (FID) Certificate Number: _____

INCOME	Proposed Project Budget Funding Sources	Agency Annual Budget
Individuals		
Corporations		
Foundations		
Grants		
Special events		
Other		
TOTAL INCOME:		
EXPENSES	Proposed Project Budget	Agency Annual Budget
Administration		
Materials		
Facilities		
Programs		
Other		
TOTAL EXPENSES:		

List those organizations from which funds have been requested for this proposed project:

Proposed or Secured Funding Sources:(include any matching funds)	Amount:	Date Requested:	Date Notified or Awarded:	Date Funding Received: