



# Where do you see the need?

## 2017 Grant Nomination Form

### The Millennium Circle Fund of The Luzerne Foundation

Name of Organization: \_\_\_\_\_ EIN: \_\_\_\_\_

Address: \_\_\_\_\_

CEO/President/Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website URL: \_\_\_\_\_

Organization's Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Respond to the following. One additional page is allowable, 12 point type, 1" margins**

- State the need of the organization and how grant funding will address that need: (be specific)
- Group or population affected: (who will benefit?)
- How will the money be used? Include Budget/Project/Program cost
- Please include a copy of your most current balance sheet
- Use additional pages if necessary.

**Please return nomination form to The Luzerne Foundation by Monday, October 2, 2017**

Call the Foundation at 570.714.1570 if you have any questions regarding this grant application.  
Mail to: The Luzerne Foundation, 140 Main Street, 2<sup>nd</sup> Floor, Luzerne, PA 18709 or Fax to: 570-300-1712 or  
Email to: Donna@luzfdn.org

**Millennium Circle Member Nominator:** *must be signed by a Millennium Circle Member in order to be considered for funding*

Name (Print): \_\_\_\_\_

Name (Signature): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Office Use: Field of Interest:** \_\_\_\_\_

**Geographic Region** \_\_\_\_\_

**Guidestar verified** \_\_\_\_\_