



LYC Foundation Grant Application

(include attachments if necessary)

1. Organization / Applicant Information

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

2. Project Name and Description:

3. Individuals / Organizations (and their qualifications) involved in the Project:

4. Needs Addressed by the Project, Impact, and Number of Persons Served:

5. Amount of Funding Requested:

6. Other Sources of Funding (include amounts and organizations):

7. Detailed Budget of Project Delineating Costs to be Covered by LYCF Funds:

8. Any Prior Grants Received from LYCF? Y: ____ N: ____

(if yes, provide years and grant amounts)

_____ *I understand that a "Project Summary and Impact Report" is required to be submitted upon Project Completion*

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

Application Period: January 1 – March 31

Award Date: No later than May 1

Mail to: LYC Foundation, PO Box 2, Lewes, DE 19958