



LATEACHA A. COLEMAN FOUNDATION GRANT APPLICATION FORM

Please check area of requested funding:

- Business
- Education
- Alternative Treatment
- Personal Assistance

APPLICANT INFORMATION

Name:
Street Address:
City, State, Zip Code:
Country:
Date of Birth:
Sex (M/F):
Phone Number:
Email Address:

Are you a US citizen or a lawful permanent resident of the US?

- Yes
- No

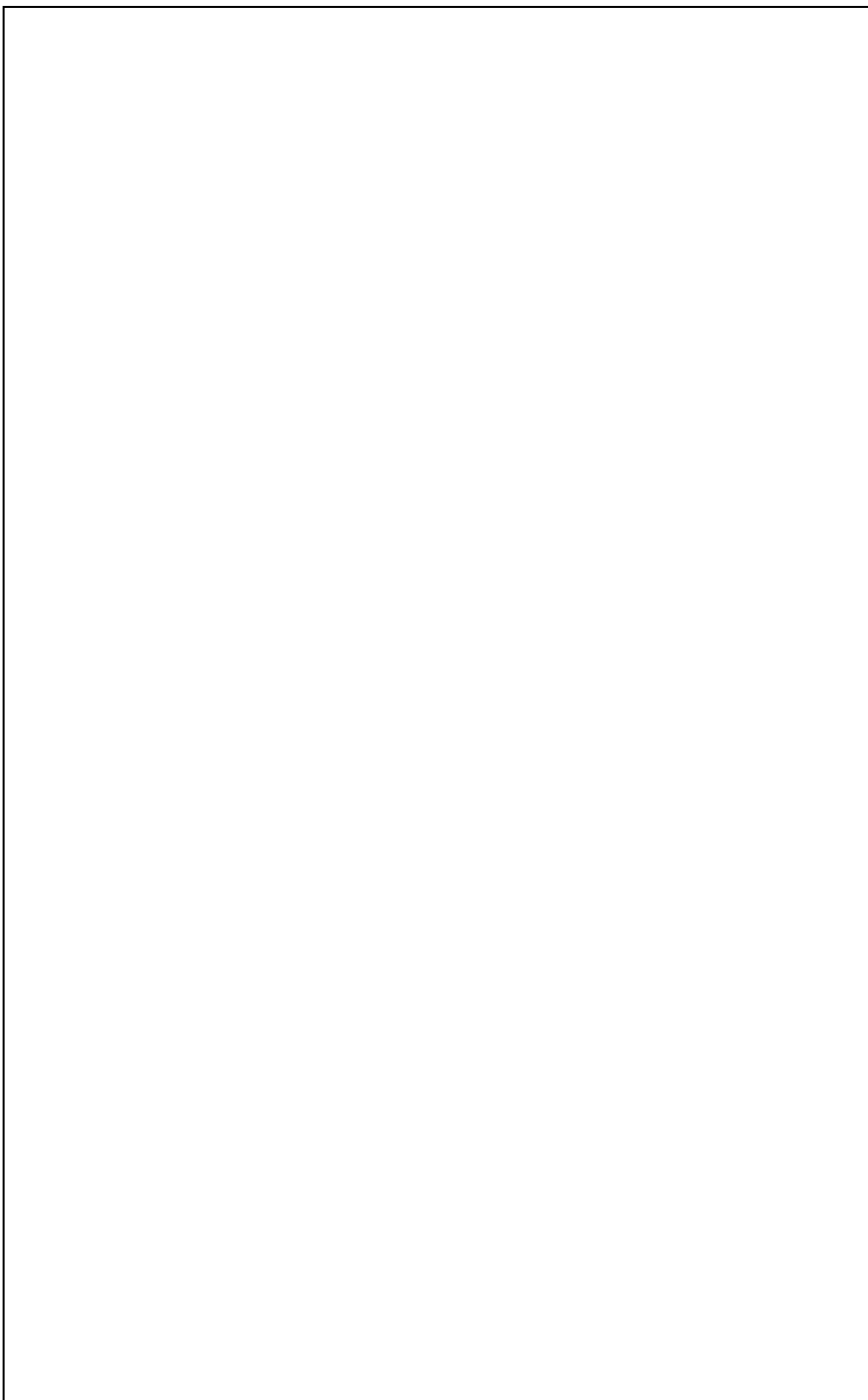
PROPOSAL SUMMARY: (ONE PARAGRAPH MAXIMUM)

Briefly describe why you or your organization is requesting this grant, what results you hope to achieve, how you will spend the funds and how the project contributes to your overall mission.

FUNDING REQUEST DETAILS: (MAXIMUM THREE PAGES)

Please explain the specific project to be funded including:

- A project description, including goals, objectives, timeline for implementation, specific activities to be funded and outcomes expected
- The population that you plan to serve and how they will benefit from the project.
- Approaches and methods and the activities planned for this grant
- The names, titles, qualifications and experience of key personnel, if applicable
- Any plans for sustaining the project and for long-term sources/strategies for funding upon completion of the proposed grant
- Other organizations, if any, participating in the activity



FUNDING AGREEMENT

By completing this grant application you acknowledge and agree to the following:

- I have successfully explained my personal or organization's funding needs in detail as requested in the above application.
- I understand that an up-front processing fee of \$19.95 is required before my application is reviewed and processed.
- I understand that I must qualify for the specific funding program(s) listed above in order to receive funding. Furthermore, I understand that the foundation cannot guarantee that I, or my organization will qualify to receive requested funding.
- I acknowledge that should the application for funding be successful, the foundation reserves the right to withhold up to 20% of the funding requested until such time as they are satisfied that the conditions and project details above have been adhered to.

AUTHORIZED SIGNATURE

Name:

Title/Position:

Signature:

Date:
