Jack Lewis Safety Fund Grant Application

Please submit to sarah@swscottfdn.org by October 1st

General Information

Organization Name

| Fiscal Agent (if applicable) | |
|------------------------------|------------------------|
| Contact Name | |
| Phone | |
| Email | |
| Website | |
| Geographic Area Served | |
| Project/Program | |
| Title | |
| Amount Requested | |
| Total Project Cost | |
| Total Amount Raised | |
| List of Committed Funding S | |
| List of Pending Funding Sou | rces (Name and Amount) |

| Please provide a brief overview of your organization. Include any recent changes to funding or within your organization. |
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| What is the purpose of this request? Why is this a priority for your organization? |
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| What are years along if the project is not fally from do 49 |
| What are your plans if the project is not fully funded? |
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Please provide the following information along with your submission.

- Project Budget
- Current Operating Budget
- Other Pertinent Documents (quotes, images, narrative, etc.)