

LUZERNE COUNTY BAR ASSOCIATION

CHARITABLE FOUNDATION, INC.

Luzerne County Court House, Room 23

200 North River Street

Wilkes-Barre, PA 18711

Telephone # (570) 822-6712 Fax # (570) 822-8210

APPLICATION FOR A GRANT FOR 2020

(Needs to be Received by March 15th)

DATE: _____

_____ hereby applies to the

(Name of Charity)

Luzerne County Bar Association Charitable Foundation, Inc. for a Grant and submits the following information in support thereof:

Full Name of Organization: _____

Full Name & Title of Applicant: _____

E-Mail Address: _____

Street Address: _____

Telephone #: _____ **IRS Exemption Certificate #** _____

*I certify, in completing this form, that our charitable organization is a registered 501(c) Non-profit corporation.

Amount of Grant Requested: _____

Purpose that the Grant will be used for: _____

(Use an additional sheet if necessary – Also attach any explanatory materials)

Please disclose whether your organization has ever received a Grant from our Foundation previously: _____ **Yes** _____ **No**

If the answer above is “Yes,” please disclose the year and amount received by your organization: _____

Does your organization have an Executive Director or other administrator/manager (whether full-time or part-time): _____ Yes _____ No

If the answer above is “Yes,” is this position a salaried position?: _____ Yes _____ No

Does your organization have any salaried staff (whether full-time or part-time or whether temporary, permanent, or seasonal): _____ Yes _____ No

If the answer above is “Yes,” please list the number of staff: _____

**Please Provide the Names and Titles of the Officers
Of Your Organization:**

**Please Provide the Names of the Members
Of Your Organization’s Board of Directors:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please provide any additional comments or information that you deem is relevant to your Grant application or would like to make known to the Luzerne County Bar Association Charitable Foundation, Inc.:

Submitted by: _____
(Please sign your name)

(Please print your name)

Return this form with any Attachments to the following:

**Luzerne County Bar Assn. Charitable Foundation
c/o The Secretary
Luzerne County Court House, Room 23
200 North River Street
Wilkes-Barre, PA 18711**

Or email to Joseph.Burke@luzernecounty.org