

# LUZERNE COUNTY BAR ASSOCIATION

## CHARITABLE FOUNDATION, INC.

### APPLICATION FOR A GRANT FOR 2024

Complete and email to [Law.Library@luzernecounty.org](mailto:Law.Library@luzernecounty.org)

**Can be emailed anytime.** This application will be reviewed by the Foundation Board at or before its next scheduled quarterly meeting from the date that it is received.

DATE: \_\_\_\_\_

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:**

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

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**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.:**

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**Submitted by:** \_\_\_\_\_  
(Please sign your name)

\_\_\_\_\_  
(Please print your name)

**Return this form with any Attachments to the following:**

**email to [Law.Library@luzernecounty.org](mailto:Law.Library@luzernecounty.org)**

**Your application will be reviewed by the Charitable Foundation Board at its next regularly scheduled meeting and we will let you know whether your request has been approved or not.**