

LUZERNE COUNTY BAR ASSOCIATION

CHARITABLE FOUNDATION, INC.

APPLICATION FOR A GRANT FOR 2025

Complete and email to 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:**

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

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