Please fill out all pertinent requested information below:

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_

Contact Person (with title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANIZATION INFORMATION:**

Has your organization ever received funding from the Zonta Club of Lockport? Yes [ ]  No [ ]

 If yes above, please detail the amount(s) and date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a not-for-profit organization? Yes (please attach not-for-profit certificate) [ ]  No [ ]

Briefly describe the purpose of your organization (include your total agency budget and the total budget for the project which is being submitted to Zonta):

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**PROJECT INFORMATION:** Amount Requested: $\_\_\_\_\_\_\_\_\_\_

Briefly describe the project for which you are requesting funds. Include: title of the project, start and completion dates, fund-raising costs and administrative costs (as applicable). Please know that Zonta does not fund general administrative and operating costs. A specific or one-time project is being sought and only expenses relating to that project can be funded.

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If awarded funding, I/we agree to allow the Zonta Club of Lockport to use our name for publicity purposes and agree that all our organization’s publicity about the funded project will credit the Zonta Club of Lockport as a funding source. I/we also agree to provide the Zonta Club of Lockport with a descriptive and fiscal report of the project, at the conclusion of the funding cycle, as well as any specifically requested copies of receipts and other relevant documentation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this completed form to the address shown on this letterhead***