

**Lakewood Legacy Foundation  
GRANT APPLICATION FORM**

Lakewood Legacy Foundation, c/o Clements Community Center  
1580 Yarrow Street, Lakewood CO 80214  
720-273-6054

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

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

Executive Director/President: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(if other than named above)                      (Name)                      (Title)

Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

- General Operating (support for the applicant as a whole)
- Special program/project (specific activity of the applicant consistent with its mission)
- Capital expenditure (funds spent for additions or improvements to plant or equipment)
- Start-up costs/seed money
- Challenge grant
- Other

Brief Description of Request: \_\_\_\_\_

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How Funds will be used: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

Name of the person authorized by the organization to submit this grant request:

\_\_\_\_\_

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

Date of Request: \_\_\_\_\_