



Soroptimist International of South Lake Tahoe Foundation, Inc.

"Helping women and girls live their dreams"

Community Service Grant 2019 - 2020

Section 1: Applicant information

Name of organization: _____

Non-profit tax ID #: _____

Project name: _____

Number of persons served by project: _____

Amount requested: _____

Project funding deadline: _____

Contact person: _____

Contact telephone: _____

Contact email: _____

Mailing address: _____

Website: _____

Have you been granted SISLT money in the last 12 months?

No: Yes: Amount: \$ _____

Please return your grant application for review postmarked no later than **November 20, 2019** to:

SISLT
Allocations Committee
PO Box 2179
Stateline, NV 89449

Or email to **Allocations Committee Chairwoman Louisa Boone** at: ms_highcounty@yahoo.com

Section 2: Project Information

In 500 words or less, describe your project, incorporating responses to the following five questions:

1. Is your project new? Or is it an ongoing or annual project? If the project is ongoing or annual, what improvements or innovations are you introducing?
2. Who will benefit from your project? How many women and children will benefit?
3. How will your project benefit local underserved populations?
4. What are the long-term benefits to the local community?
5. Describe the plan and timeline for implementing and executing your project.

Section 3: Project Budget

1. Provide a detailed, itemized budget for the proposed project, including all income and expenses.
2. Indicate which parts of the budget will be funded by this Grant.
3. Will funding from other sources be utilized? If so, describe the other funding sources.
4. Describe any other fundraising efforts associated with your project.

APPLICATIONS WITH UNCLEAR OR INSUFFICIENT BUDGETS WILL BE DISQUALIFIED.

Please refer to the attached Eligibility Criteria for further information.

SISLT Community Service Grants are discretionary.