SCI LIFE HUNTER ADVOCATE SOCIETY
PROGRAM GRANT REQUEST APPLICATION

This application must be completed in full. Incomplete applications will not be considered.

ORGANIZATION SUBMITTING: ____________________________________________

PROGRAM/PROJECT TITLE: ____________________________________________

TOTAL AMOUNT REQUESTED: $ _____________

DATE SUBMITTED: _____________________

Parameters For Project:

Attach the following:
1. Detailed Project Description
2. Cost Benefit Analysis
3. Return on Investment Analysis
4. Explanation of expected/intended results
5. Explanation of how project performance will be tracked and documented

Have we funded this project before? If yes, please list year and amount awarded, and attached final project reports for any previously awarded grants.

Year:       Amount:
            __________
            __________
            __________

____  __________
____  __________
☐ New Project
☐ Existing Project

Is funding for equipment?  ☐ Yes  ☐ No
Is funding for personnel?  ☐ Yes  ☐ No

Contact Name and Title: _____________________________________________

- Will you present to the LHAS Governing Body? ______________________
- If not, contact who will represent the request? ________________________
- Connection to LHAS Mission: __________________________

Registered Organization Name (Payee): _____________________________________________

Address: __________________________________________________________________________

Phone: _______________________ Email: ______________________________

Web Site: __________________________________________________________________________

EIN: _______________________ IRS Section: _____________________________

Application Information:

1. PROJECT BUDGET (Attach details, costs, quotes, etc. as applicable):

2. DATE REQUIRED:

3. PROGRAM/PROJECT DESCRIPTION AND TIME FRAME:
4. **LIST OTHER FUNDING SOURCES OF THIS PROJECT:**

5. **HOW WILL THE LHAS BE RECOGNIZED FOR SUPPORT?**

6. **DOES THE GRANT REQUESTOR SUPPORT SCI/SCI FOUNDATION AND THEIR MISSIONS AND POLICIES?**

*Background information for external grant applicants only*

7. **ORGANIZATION MISSION STATEMENT:**

8. **BRIEF ORGANIZATION SUMMARY:**

9. **CURRENT FINANCIAL INFORMATION:** (Include tax-exempt letter and IRS Form 990 from most current fiscal year)

10. **CURRENT OPERATING BUDGET SUMMARY/YEAR TO DATE FINANCIAL STATEMENT:**
REQUIREMENT:

Requester hereby acknowledges that detailed quarterly progress reports along with supporting copy, photos, etc. are a requirement if this request for grant is approved. Said reports to commence 90 days after approval is granted and will continue until project is complete.

Signature of Requester ________________________

Date ________________________________

Please return form with attachments to:

Stephanie Carabeo
Executive Assistant
SCI
4800 W. Gates Pass Road
Tucson, AZ  85745-9490

Electronic Submissions to: Please email scarabeo@safariclub.org or call (520) 620-1220 ext. 268 with any questions.

Or, please email Carolyn Powell, LHAS Chair at cp@3344128280.com or call (334) 412-8280.

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TO BE COMPLETED BY LHAS GOVERNING BODY:

□ Date Approved: ______________________

□ Date Rejected: ______________________ Reason: _________________________________

SCI Budget Year for Funding: ________________________________

Follow-up Requirements: ________________________________