



**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:

Keely Hopkins, J.D.  
Western State and Local Liaison  
654 Richland Hills Dr. Ste. 160  
San Antonio, TX 78245

Please send electronic submissions to [khopkins@scifirstforhunters.org](mailto:khopkins@scifirstforhunters.org)  
or call (541) 910-3395 with any questions.

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**TO BE COMPLETED BY LHAS GOVERNING BODY:**

Date Approved: \_\_\_\_\_

Date Rejected: \_\_\_\_\_ Reason: \_\_\_\_\_

SCI Budget Year for Funding: \_\_\_\_\_

Follow-up Requirements: \_\_\_\_\_