

# LCNB Grant Application Form

Applicant Organization \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization Phone Number \_\_\_\_\_

Title of Project \_\_\_\_\_

Project Description

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Amount of Request \$ \_\_\_\_\_

Has this organization received a grant from LCNB within the last two years? \_\_\_\_\_

If not, enclose a copy of the organization's IRS tax exemption letter.

Signature of Individual Submitting the request \_\_\_\_\_

Date \_\_\_\_\_