

**Eunice S. Reed Fund Grant Request Application**  
**Milford Lions Club Service Foundation**  
Tax I.D. # 51-0365044

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

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

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Organization is:

\_\_\_\_\_ Non-profit      Type (I.R.S. Désignation)      \_\_\_\_\_

\_\_\_\_\_ For-profit      Type (Corporation, Private, etc.)      \_\_\_\_\_

Tax ID# \_\_\_\_\_

Note to Applicant: We ask that your responses to the following items be as concise as possible, however, if necessary, you may attach a separate a page to this application.

Purpose or Mission of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or will you be working in partnership with any other organizations on this project?

\_\_\_\_\_ No

\_\_\_\_\_ Yes (please describe) \_\_\_\_\_

\_\_\_\_\_

Description of your Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will your project benefit the Greater Milford Area?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Estimated Budget for your project: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Do you have the required 10% matching funds? (yes or no) \_\_\_\_\_ If not, how and when will you obtain them? \_\_\_\_\_

When will the project begin? \_\_\_\_\_

When will the project be completed? \_\_\_\_\_

Is this your first request from the Eunice S. Reed Fund? (yes or no) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

**Completed application must be received by January 31.**

To: Milford Lions Club Service Foundation  
P.O. Box 25  
Milford, DE 19963  
Attn: Awards Committee Chairperson