



**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.

TO BE COMPLETED BY LHAS GOVERNING BODY:

Date Approved: _____

Date Rejected: _____ Reason: _____

SCI Budget Year for Funding: _____

Follow-up Requirements: _____