

RAY LANYON FUND
LYNN AND HELEN CLARK FUND
GRANT APPLICATION
COVER SHEET

Organization Name: _____

Address: _____

City _____ State: _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Executive Director: _____ Telephone: _____

Contact Person: _____ Telephone: _____

Please select the interest area of the grant that best describes your request:

- Arts Basic Needs Civic Education Environment
 Health and Human Services Other/Miscellaneous Religious

Please select the area that best describes your request:

- Capital Operating Program/Project Other _____

Brief description of request:

Amount Requested: \$ _____ Total budget for program requested: \$ _____

Percentage of Amount Requested compared to Total Program Budget: _____%

Percentage of Overall Program Budget that benefits St. Vrain Valley School District area: _____%

Has this organization received a grant from the Ray Lanyon Fund or Lynn and Helen Clark Fund in the past three years? If so, how much?

Executive Director Signature

Date

If your organization is applying to both the Ray Lanyon Fund and the Lynn and Helen Clark Fund for the same program/project, please submit seven applications with attachments, not fourteen.

Please submit seven assembled applications and attachments to:

Jane Cox

Guaranty Bank and Trust Company

PO Box 1159

Longmont CO 80502-1159