

LIFE PLAN OF KENTUCKY, INC.

Grant Application

Please provide the following information about the Grant Applicant:

Name: _____

Street Address: _____

City: _____ State _____ ZIP _____

SSN: XXX-XX-_____ Date of Birth _____ / _____ / _____
Mo. / Day / Year

Phone: _____ Email: _____

Has the Grant Applicant previously submitted a Grant Application? Please check one: NO YES

If yes, was the application approved? NO YES

If yes, total of all amounts awarded to/for this Grant Applicant? \$ _____

Who is submitting this Grant Application?

The Grant Applicant Someone else for Grant Applicant

If someone else, please provide the following information:

Name: _____

Relationship to Grant Applicant: _____

Street Address: _____

City: _____ State _____ ZIP _____

Phone: _____ Email: _____

NOTE: If you are the legal guardian or conservator, or are acting under a power of attorney for the Grant Applicant, you must submit a copy of document(s) establishing this authority.

Information About Grant Requested:

Amount requested: \$ _____

Vendor/Service Provider Name: _____

Street Address: _____

City: _____ State _____ ZIP _____

Phone: _____ Email: _____

FAX: _____

Why is the grant needed and how will the Grant Applicant benefit from it?

Please list any and all other financial resources available to pay for the item or service requested.

If the grant awarded is less than the amount of the cost of the item or service, how will Grant Applicant pay the balance?

Is there anything else that might help us evaluate your application? If so, please attach an additional sheet if needed, but limit to 250 words.

By signing my name below, I am indicating that I understand and agree to the following:

- All information provided with this Grant Application is accurate.
- Grants are limited to a lifetime total of \$10,000 per Grant Applicant, with an annual maximum of \$5000 per Grant Applicant.
- Life Plan of Kentucky, Inc. will rely solely on the information provided with this Grant Application for purposes of evaluating the Application.
- Incomplete Grant Applications will not be considered for approval.
- The Grant Applicant and any person or entity submitting an Application on behalf of the Grant Applicant shall provide documentation requested by Life Plan of Kentucky, Inc., to confirm that the awarded funds are used for the intended purpose, if the Application is approved.
- The Grant Applicant agrees that Life Plan of Kentucky, Inc. may disclose the approval, amount and reason for the grant on its website, annual report or through written or other electronic means, in its sole discretion. Life Plan of Kentucky, Inc. will not disclose the name, address or personal identification information of the Grant Recipient.
- Life Plan of Kentucky, Inc. shall not be responsible for adverse impact, if any, on government benefits of the Grant Applicant.

Signature of Applicant or Authorized
Representative

Date

Printed Name of Applicant/Representative