



Grants Program

LGBTQ Fund of Mississippi

Application for Grant Cover Sheet

(Check one) This proposal is for a: Planning Grant General Operations Grant Research Grant

Have you received a previous grant from the LGBTQ Fund of Mississippi? yes no; If so, what was the purpose of that grant? _____

Applicant Information:

Applicant Organization Name: _____

Mailing Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Applicant Website (if available): _____

Project/Grant Manager: _____ Title: _____ Phone: _____

Project/Grant Manager: Email: _____

Contact Person (if different): _____ Phone: _____

Contact Person E-mail address: _____

Grant Information:

Name/Title of the effort for which you are requesting a grant: _____

Proposed Start Date: _____ End Date: _____

Total Budget: _____ Grant Request: _____ Matching Funds: _____

Community/Population to be Served: _____

Geographic Area Covered: _____

Certification: I hereby affirm and certify that all information in this application for grant support is true and correct, and I have the authority to submit this application on behalf of the above-named applicant.

Signature: _____ Date: _____

Printed Name: _____ Title: _____