



## Grants Program 2025-2026 Application Cover Sheet

### Applicant Information

Organization Name: \_\_\_\_\_ Website: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Project/Grant Manager: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person (if different): \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Grant Information

Grant Request Type:	Planning Grant	General Operations Grant	Research Grant
Have you received a previous grant from the LGBTQ Fund of Mississippi?		Yes	No

If yes, what was the purpose and year of that grant? \_\_\_\_\_

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

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Total Budget: \_\_\_\_\_ Grant Request: \_\_\_\_\_ Matching Funds: \_\_\_\_\_

Population to be Served: \_\_\_\_\_ Geographic Area to be Served: \_\_\_\_\_

### 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.

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

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