



Autism Awareness NEPA

2021 Virtual Nonprofit Forum RFP/Application

Please return completed application to The Luzerne Foundation

Email to diane@luzfdn.org or fax to 570.300.1712

Applications must be received no later than 4:00 PM on March 26th

PLEASE PRINT (use ink)

Name of Organization: _____ EIN: _____

Address: _____

CEO/Executive Director: _____ Email: _____

Person making application _____

Phone: _____ Fax: _____ E-mail: _____

Website URL: _____

Organization's Mission Statement: _____

Respond to the following. Total application should not exceed 6 pages. Be concise

1. State the need of the organization and how grant funding will address that need: (be specific)
2. Group or population affected: (who will benefit?)
3. How will the money be used?

Note: 12-point type, 1" margins to address your responses to Questions 1-3 above

4. Include Budget/Project/Program cost
5. Please include a copy of your most current balance sheet

Name (Signature): _____

Call The Foundation at 570.822.2065 if you have any questions.

Mailing address: The Luzerne Foundation, 34 South River Street, Wilkes-Barre, PA 18702

Office Use: Field of Interest: _____

Geographic Region _____ Guidestar verified _____