

# Land, Health, Community 2024

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## *Lumpkin Family Foundation*

### *LOI Essentials*

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#### **Project Name\***

Name of Project.

*Character Limit: 150*

#### **Total Amount Requested\***

*Character Limit: 20*

#### **Total Number of Years of Support Requested\***

Applicants may request multi-year grants if they have received Lumpkin Family Foundation funding for a period of three consecutive years or more.

*Character Limit: 10*

#### **Amount of Funding Per Year\***

*Character Limit: 250*

#### **Alternate Contact Person Information\***

Please list the name, title, telephone number, and email address of a contact person for this project that is not the Executive Director.

*Character Limit: 500*

#### **Organizational Nonprofit Status\***

##### **Choices**

We are a 501(c)(3)

We are a school, library, or government entity.

None of the Above (Please note, a fiscal sponsor will be needed.)

#### **LOI Project Summary\***

Please briefly describe how you will use the grant funds and what you hope to accomplish.

*Character Limit: 1000*

#### **Organizational Budget\***

##### **Choices**

Less than \$100,000

\$100,000-\$500,000

More than \$500,000

## Geographic Locations Served\*

Map of East Central Illinois Service Area

### Choices

East Central Illinois

Chicagoland

Other

## Website and Social Media Links

Please share a link to your organization's website as well as links to any social media pages you would like us to see. (If none, enter N/A.)

*Character Limit: 250*