

Wellness Grant 2024

Lumpkin Family Foundation

LOI Essentials

Project Name*

Title of your proposal, i.e. "Yoga Friday," or "Staff Nature Retreat."

Character Limit: 150

Total Amount Requested*

Character Limit: 20

Use & Benefit*

Please explain how you will use this grant and how it will advance the organization's charitable purpose.

Character Limit: 2500

Estimated Date of Use*

Please tell us when you plan to use these funds.

Character Limit: 10

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.)

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