

Land, Health, Community 2024

Lumpkin Family Foundation

Project Information

Project Name*

Character Limit: 150

Project Contacts*

Please list the name, title, email, and phone number of three (3) individuals, including the Executive Director, who have knowledge of this project.

Character Limit: 1000

Estimated Grant Period Start Date*

Character Limit: 10

Estimated Grant Period End Date*

Character Limit: 10

Total Project Cost*

Character Limit: 25

Project Rationale*

Why is this project needed at this time and in this location and why is your organization best positioned to complete this work?

Character Limit: 5000

Community Impact*

How many people will benefit from this project (directly or indirectly)?

Character Limit: 250

Desired Outcomes*

What does success look like for this project? How will you measure success?

Character Limit: 5000

Final Comments (Optional)

Is there anything else that you would like to share with us to further clarify or explain your application?

Character Limit: 2500

Organizational Information

Previous Grants from the Lumpkin Family Foundation

Choices

We have previously received funding from the Lumpkin Family Foundation

Organizational Description*

Provide a brief description of your organization, including its history, purpose, and scope of activities. **Please begin with your mission statement.**

Character Limit: 500

Community Partnerships

Fill out the information below regarding partnerships you have with organizations that align with your mission. (If more than five, please attach separately.)

Name or Organization	Is Relationship Formal or Informal?	# Years of Partnership	Briefly describe the nature of your partnership.

Personnel Support

Please fill out the information below regarding those supporting the work of your organization.

Staff Category	Number
Full Time	
Part Time	
Volunteers (Excluding Board Members)	

Executive Director

Please provide the information below regarding the organization's Executive Director.

Name	Time at Organization	Full or Part Time	Paid or Unpaid	Lives in Service Area (Y or N)

Board Officer Information

First Name	Last Name	Time on Board

Board Demographic Information (Optional)

Please tell us how many members of the board identify as the following:

Category	Number Identifying
BIPOC	
LGBTQI	
Veteran	
Living With a Disability	

Additional Attachments

Resume of Executive Director or LinkedIn page address

Character Limit: 250 | File Size Limit: 1 MB

Organizational Budget*

File Size Limit: 1 MB

Most Recent Form 990*

File Size Limit: 1 MB

Most Recent Audited Financial Statement (if not fiscally sponsored)

*Required if organizational budget is more than \$500,000

File Size Limit: 1 MB

Fiscal Sponsorship

If this application uses a fiscal sponsor, please complete the information below for the sponsoring organization.

Fiscal Sponsor Contact Information

Please list the name, title, email address and telephone numbers for a person at the sponsoring organization with knowledge of this application.

Character Limit: 500

Is there a formal fiscal sponsorship agreement in place?

Choices

Yes

No

If Yes, please attach a signed copy of the agreement.

A formal agreement will need to be executed prior to the receipt of grant funds.

File Size Limit: 3 MB

Most Recent 990 (of fiscal sponsor)

File Size Limit: 1 MB

Most Recent Financial Audit (of fiscal sponsor)

* Required if organization budget is over \$500,000

File Size Limit: 1 MB

