



# Where do you see the need?

## 2018 Grant Nomination Form

### The Millennium Circle Fund of The Luzerne Foundation

Name of Organization: \_\_\_\_\_ EIN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CEO/President/Executive Director: \_\_\_\_\_

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

Website URL: \_\_\_\_\_

Organization's Mission Statement: \_\_\_\_\_

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#### Respond to the following:

- State the need of the organization and how grant funding will address that need. (Be specific)
- Group or population affected (Who will benefit?)
- How will the money be used? Include Budget/Project/Program cost.
- Please include a copy of your most current balance sheet.
- Use additional pages if necessary.

**Please return nomination form to The Luzerne Foundation by Monday, October 1, 2018**

Call The Foundation at 570-714-1570 if you have any questions regarding this grant application.  
 Mail to: The Luzerne Foundation, 34 S. River Street, Wilkes-Barre, PA 18702 / Fax to: 570-300-1712 or  
 E-mail to: Donna@luzfdn.org

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**Millennium Circle Member Nominator:** *Must be signed by a Millennium Circle Member in order to be considered for funding.*

Name (Print): \_\_\_\_\_

Name (Signature): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Office Use: Field of Interest:** \_\_\_\_\_

**Geographic Region:** \_\_\_\_\_

**Guidestar verified (date):** \_\_\_\_\_