## **2025 LCF GRANT APPLICATION**

This application is to be completed by LCF Member Organizations that are registered charities in Canada

This sheet only needs to be completed once

Applicant Infor	mation		
Official name of Reg	gistered Charity:		
BN/Registration #:			
Committee, Section	, Affiliate or Program Na	me (if applicable):	
Contact person nan	ne and title/position:		
Complete mailing a	ddress:		
Telephone #:			
E-mail address:			
Organization's LCF Membership #:			
_	` ''	equirement(s) and Priorities one project, please rank the projects in	descending order of
Project Priority		Project Name	Funding Required
Priority #1			
Priority #2			
Priority #3			
Priority #4			
acknowledge that it legally binding agr	the Grant Application is eement with the Lithua	in this Grant Application is true, acco s approved, it will be necessary for this anian Canadian Foundation which of anian Canadian Foundation's financial o	Charity to enter into a utlines the terms and
promoting the Lithu	ianian Canadian Found	ndation may use the name of the Chalation's activities. I accept the Grant is the legal equivalent of a manual sign	Guidelines and I have
Full Name (type)		Date	

Position