

1 Resurrection Road Toronto, ON M9A 5G1 (416) 239-9889 office@klfondas.org www.klfondas.org

2025 PROJECT PROPOSAL (FOR LCF MEMBER ORGANIZATIONS)

Project Information Form

Each project requires a separate Project Information Form to be completed

Organization name:			
Project name:			
Project manager's name:			
Project start/end date:			
Project location:			
Detailed description of project:			
_	osed Project Budget roject will not be completed in 2025, please provide projected costs and revenue for 2026 as well.		
Soul	rces of Revenue (Fundraising / Grants / Donations)	\$	
1.			
2.			
3.			
4.			
5.			
6.			
Total Project Revenue			
	nditures (Travel / Supplies / Equipment / Services)	\$	
1.			
2.			
3.			
4.			
5. 6.			
7.			
	Project Expenditures		
	ect Net Income		
LCF funding request for this project in 2025			
	· ,		



Number of people expected to participate # ````

be considered.

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2025 PROJECT PROPOSAL (FOR LCF MEMBER ORGANIZATIONS) Project Information Form (cont.)

N	umber of people expected to { Áa^} ^-āoÁ¦ { Ás@á-Á¦ ¦ [b^-8oÁ(´´´´´´Á		
ΡI	Please explain the following:		
1.	How will approval of this Project support, encourage and promote Lithuanian cultural and charitable purposes?		
2.	How will your organization publicly acknowledge support provided by LCF?		

Copies of acknowledgements in print material (e.g., programs, parish bulletins, etc) or screen shots of

acknowledgements on Facebook, Instagram and/or websites will need to be provided for future applications to