

LTlov

Lake Travis Labor of Love

The mission of LTlov is to raise money and distribute contributions to projects that improve life by empowering women and their families in the greater Lake Travis area.*

Date _____

Application for Funding

Name of Organization _____

Contact Name

Organization Phone # _____ Fax # _____

Contact Ph #(s)

Website (if applicable) _____

Contact Email

Physical Address

Mailing Address (if different from above)

LTlov Sponsoring Member's Name _____

Define the purpose of your organization/project including the group/individuals that it serves _____

Mission/Vision Statement

Length of Time in Operation _____
profit? (yes/no) _____

Are you Non-profit or Not for

Annual Operating Budget _____

of Individuals Served/year

Define the funding and/or volunteer needs of your organization/project

Define the specific ways in which your organization/project measures success and by what criteria you will report that success to LTlov

Is this a “One Time” funding request? (yes/no) _____

List additional funding resources currently benefitting your organization/project

Relate your organization/project to the mission statement* of LTlov _____
