



Locust Point Civic Association Community Improvement Grant Application

Please complete all sections below.

Project Title: _____

Name of Applicant (may be a group or individual) _____

Project Coordinator (must be a resident) _____

Phone _____ Email _____

Street Address _____

City, State, ZIP _____

Have you received an LPCA grant before? _____ If so, which year? _____

Requested Funding Amount: _____

- 1) **Overview & Impact:** Please provide an overview of your project. How will it improve the Locust Point community? Describe who will be positively impacted (community members, visitors, etc) and how you will measure the project's success.

2) **Implementation:** Who will implement the project? Are volunteers needed? How will the project be promoted?

3) **Budget:** Please provide an estimated budget, indicating how LPCA funds will be used. Describe any additional sources of funds or support for this project.

4) **Timeline:** What is the timeline for the project? Please include expected start and completion dates and any major project milestones.

Please sign below to signify that you have read and understand the grant requirements, that everything in this application is true to the best of your knowledge, and that you will use any grant funds solely for the purpose stated in this application.

Project Coordinator

Date