

OMEGA LIFE MEMBERSHIP FOUNDATION, INC.

PO Box 92882 Washington, DC 20090-2882 Website: http://olmf.org

GRANT REQUEST INSTRUCTIONS

OLMF Grant Request Period for each year begins January 1st and ends midnight March 31st

All grant requests directed to the Omega Life Membership Foundation, Inc. (OLMF) must be submitted on the attached OLMF Grant Request form for consideration. The request must coincide with our mission. The application must be completed entirely addressing every area of the form.

The required Grant Request Package must include the following information:

- 1. Grant Request Form
- 2. An opening Letter of Summary Form
- 3. A copy of the organization's IRS 501(c)(3) Determination Letter including the Tax Identification Number
- 4. Executive Summary
- 5. Purpose of the Grant
- 6. Evaluation
- 7. Budget Narrative / Justification
- 8. Organizational Information
- 9. Required Attachments
- 10. Signature Page

The Grant Request Form with required attachments should be mailed to:

Omega Life Membership Foundation, Inc.
PO Box 92882
Washington, DC 20090-2882
Attn: Grants
and

Email to: OLMF1127@comcast.net

Grant Applications are reviewed for award consideration from April 1st through May 15th.

The distribution of approved grant awards is processed between May 16th and June 30th.



Omega Life Membership Foundation, Inc.

Grant Request Form

| Date of Application: |
|--|
| Legal Name: (Should be same as on IRS determination letter and as supplied on IRS Form 990. Legal Name: |
| Address: |
| Federal Tax ID Number: |
| Requesting Director/Chairman: |
| Phone number: |
| Contact person/title/phone number (if different from Director/ Chairman): Contact person: Address (principal/administrative office): City/State/Zip: Fax Number: |
| Program Name: Dates of the Project: Amount Requested: \$ Total Project Cost: \$ |
| Purpose of Grant: |
| Measurable anticipated outcome: |

OLMF, Inc Grant Request Form (cont)

| Grant Recipients: | Tax ID# | \$ Amount |
|----------------------------------|------------------------------|--------------|
| 1. 2. 3. 4. | | |
| 5. | | |
| Total Amount Requested: | | \$ |
| X | | |
| Signature, Chairperson, Board of | Directors Signature, Executi | ive Director |
| Typed Name and Title Date | | |
| | | |
| Office Use Only: Date received_ | | |
| Date replied_ | | |
| Decision | Approved/ Not Approved | |
| ********* | ******* | ****** |