

LOPEZ ISLAND HOME & HOSPICE SUPPORT

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178 Weeks Road
PO Box 747
Lopez Island WA 98261

360-468-4446
www.lihhs.org
admin@lihhs.org

*Lopez Island
Home & Hospice Support
is a 501(c)(3) non-profit
volunteer organization.
All services are free of charge.
Your gift is tax deductible.*

Lopez Island Home & Hospice Support Small Grant Application Form

LIHHS administers a Small Grant Program that aims to improve the ability of Lopez Island residents who are experiencing health issues to remain safely in their homes. These grants will provide funds for up to \$2,000 to assist in the purchase and/or installation of safety, accessibility, or medical equipment.

LIHHS grant funds are intended to be used for the purchase and/or installation of home safety equipment: safety bars, ramps, walk-in showers, and other modifications that improve accessibility in the home.

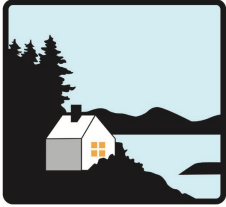
Note that these grants are generally intended to support Lopez residents facing some form of financial hardship, and the LIHHS Board may also approve additional use of funds for needs not described above.

Please fill out the following application form with as much information as you can provide. Our Resource Development Committee will review your application and respond within 5 business days.

If you would like more details about the LIHHS Small Grant Program, or have any questions related to the application process, please reach out to our office at 360-468-4446 or by email to admin@lihhs.org.

A Community Volunteer Service

EIN: 91-1870431



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Lopez Island Home & Hospice Support Small Grant Application Form

Date of application:

Full name of applicant:

Contact address:

Phone number:

Email address:

Additional name and contact if assisting the applicant to complete this form:

Please identify the type of support requested (check all that apply):

- Purchase of safety equipment (e.g., safety bars)
- Installation or structural modifications (e.g., ramps, walk-in showers)
- Other - please describe below

Briefly describe the project details and the reason you are applying for this grant.

What is the approximate total cost of the item/project? Please include any cost estimate you have received from a contractor, installer, or supplier, and note contact information (name, phone). If you do not plan on using a contractor, please estimate the total cost of supplies and tell us your installation plan below.

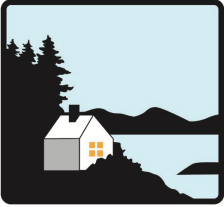
What is the requested grant amount? Grant amounts will be considered in \$250 segments:

- \$500
- \$750
- \$1000
- \$1250
- \$1500
- \$1750
- \$2000

Sometimes the cost of the project exceeds the requested grant amount. If this is the case, do you have the additional funds needed to complete the project on hand?

- Yes
- No

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Approximate date that funds are needed:

If you are an existing LIHHS client, what is the name of your regular contact person in the organization (volunteer, board, or staff)?

Applicant's Signature:

Please submit this application to LIHHS via email at admin@lihhs.org or via mail at PO Box 747 Lopez Island, WA 98261.