



LOPEZ ISLAND  
**HOME &  
HOSPICE  
SUPPORT**

**Board of  
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Megan Ogston  
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Client Services Manager

Megan Crandell  
Jingle Fundraiser Lead

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.*

**Small Grant Application**

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.

Date of application: \_\_\_\_\_

Full name of applicant: \_\_\_\_\_

Contact address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

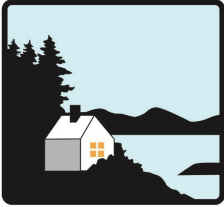
Additional name and contact if assisting the applicant to complete this form:

\_\_\_\_\_

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

Purchase of safety equipment (e.g., safety bars)

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- 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:

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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 contact information (name, phone) for that service provider. If you do not plan on using a contractor, please estimate the total cost of supplies and tell us your installation plan below.

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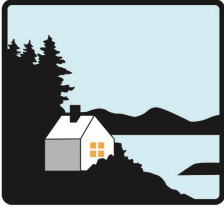
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What is the requested grant amount? Grant amounts will be considered in \$250 segments:

- \$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?

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Yes No

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: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

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