LOPEZ ISLAND
HOME & HOSPICE SUPPORT

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.

EIN: 91-1870431

Small Safety Grant Application

LIHHS administers a Small Grant Program that aims to improve the ability of Lopez Island residents to remain safely in their homes. These grants will provide funds for up to $3,000 to assist in the purchase and/or installation of safety, accessibility, or medical equipment.

Grant funds are intended to be used within six months of the award date.

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 Board 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:

_____

Describe the project details and the reason you are applying for this grant:

_____

A Community Volunteer Service

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_____

_____

What is the approximate total cost of the item/project? Please include any cost estimate you have received and contact information 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.

_____

_____

_____

What is the requested grant amount?

_____

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

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 or via mail at PO Box 747 Lopez Island, WA 98261.

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