



Grant Application

Legal Name

Parent/Guardian's Name

Mailing Address, City, Stat and Zipcode

Phone

Fax

E-mail

Organization Information

Name the company for which you are looking to provide you services)

Mailing Address, City, Stat and Zipcode

Phone

Mission Statement of Organization

How will this help your child?

Tax Exempt Status:

- 501(c)(3)
- For profit business

Name of business:

Grant Request Information

Type of Grant Requested (select one):

- Program Support
- Individual Support
- Family Support

Other

For requests other than Program, Individual or Family Support, describe what the grant will be used for:

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Applicant

Date

If Applicant is under 18 years of age, Parent/Guardian

Please attach the paperwork to narrative and submit to:

**Liam's Legacy Foundation
c/o Denise Bradley
1002 Sugartown Circle
Middletown, DE 19709**

Narrative

- *Describe how the use of this grant would improve the quality of life for the individual with special needs.*

OR

Describe how the use of this grant would be used in your program to improve the quality of life for individuals with special needs.

- *Include in your narrative the goals that would be set with the use of this grant.*