



**2026 LCF PROJECT PROPOSAL**  
(For LCF Member Organizations that are not registered charities in Canada)

**FORM A: APPLICANT INFORMATION**

Organization name: \_\_\_\_\_

Contact person name: \_\_\_\_\_

Contact person title/position: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Organization's LCF Membership #: \_\_\_\_\_

Active corporation number (if incorporated): \_\_\_\_\_

Provincially incorporated  Federally incorporated

Date organization established (if not incorporated): \_\_\_\_\_

Primary purpose of organization: \_\_\_\_\_

Number of active members: \_\_\_\_\_

**2026 Project Name(s), Funding Request(s) and Priorities**

If funding is being requested for more than one project, please rank the projects in descending order of priority.

Project Priority	Project Name	Funding Requested
Priority #1		
Priority #2		
Priority #3		
Priority #4		

**Declaration**

*I confirm that the information contained in this Project Proposal is true, accurate and complete. I acknowledge that if the Project Proposal is approved, it will be necessary for this Charity to enter into a legally binding agreement with the Lithuanian Canadian Foundation (the "Foundation") that outlines the terms and conditions of the project funding and details the Foundation's financial commitment.*

*I agree that the Foundation may use the name of the Organization and/or its logo in promoting the Foundation's activities. I accept the Project Proposal Guidelines and I have authority to bind the Charity.*

I am a member of the LCF Board of Directors or an LCF employee.

Signature \_\_\_\_\_

typed name is the legal equivalent of a manual signature

Position \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_