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**HUMBOLDT AREA  
FOUNDATION**

## Robert M. Lochtie Memorial Fund Application

The Robert M. Lochtie Memorial Fund accepts applications for programs supporting community projects, especially those that benefit youth, education, the environment, and the arts. This fund supports community projects in Humboldt, Del Norte, Trinity and Curry counties with a preference for Humboldt County.

Robert Lochtie practiced veterinary medicine in Eureka for over 30 years, building the Broadway Animal Hospital. He contributed to youth programs through 4-H, FFA, and the Boy and Girl Scouts. This fund was established in his memory in 1992 by his family.

### GENERAL INFORMATION

Grant Proposals should be submitted by:

1. A nonprofit organization with tax exempt status under Section 501(c)3 of the Internal Revenue Code,
2. A public benefit organizations (public schools, government agencies, Indian Tribal Governments), or
3. A community group with a qualified fiscal sponsor who meets 1 or 2 above.

Please note: For organizations applying as 501(c)3 charitable organizations, the Foundation will verify 501(c)3 status prior to making awards.

- Organizations with grant reports past due to the Humboldt Area Foundation are not eligible to apply.
- Grants will not be made for the deferred maintenance or annual operating costs of public institutions, churches, and services of special tax districts, government or cemeteries.
- Grants will not pay for expenses that have already been incurred prior to grant award.
- Grant amount will vary. \$2,800 available.

**Deadline:** Emailed or postmarked by **November 2nd, 2020**.

### HOW TO APPLY:

***Completed applications must be emailed by November 2, 2020 and submitted to:***

HAF Grantmaking Team: [Grants@hafoundation.org](mailto:Grants@hafoundation.org)

Award Recipients will be notified by January 2021

**For more information contact:** Humboldt Area Foundation at (707) 442-2993

***Please note:*** Decisions will be announced in December.



**HUMBOLDT AREA  
FOUNDATION**

**ROBERT M. LOCHTIE MEMORIAL FUND APPLICATION FORM**

Project Title: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_

Position: \_\_\_\_\_

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

Executive Director: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Tax ID Number: \_\_\_\_\_

Website: \_\_\_\_\_

May we share your proposal with other potential funders?  Yes  No

**PROJECT NARRATIVE**

Please answer the following questions in a separate document.

Please **do not exceed two pages**.

1. Describe the project and timeline.
2. What are your expected outcomes?
3. How will this project impact quality of life in our region?
4. How does this project benefit youth, education, the environment and/or the arts?
5. How will the project make use of collaborative relationships and partners?

*HAF Staff use only*

**Program Officer:** \_\_\_\_\_

**Committee:** \_\_\_\_\_

**Fund ID:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Action:** \_\_\_\_\_

**Profile No:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Batch:** \_\_\_\_\_

**Grant No:** \_\_\_\_\_

**Program Area:**  ANML  COMM  ARTS  ENV  HEAL  TA  YUTH

