



LIFT Grant Request Form

School or Organization: _____

Request Amount:

Reason for Request:

Date(s) Needed: _____

Requested By: _____

Phone: _____ Email: _____

Date Requested: _____

Administration Signature:

Please remit request to:

Krychelle Smith – Programs Director

krychelles@calhouchamber.com

256.237.3536 phone

1330 Quintard Ave., Anniston, AL 36201