



GRANT APPLICATION # _____

Deadline to apply: January 24, 2020

Completed applications may be given to your school's LIFE guide or you may email it to the LaGrange County Community Foundation's Grant Manager, Leanna Martin, lmartin@lccf.net or call with questions, 260-463-4363.

Name of youth-serving organization _____

Employer Identification Number (EIN) _____

Contact person _____ Title _____

Organization mailing address _____

Street Address or P.O. Box

City, State, Zip Code

(_____) _____

Telephone

Email

Please check the box that best describes your organization:

- 501 (c) (3) Non-profit Organization (including local chapters of a larger organization)
- Organization working under another organization's 501(c) (3) fiscal sponsorship

Name of Sponsoring Organization _____

Employer Identification Number (EIN) _____

Contact Person _____

Organization Mailing Address _____

Street Address or P.O. Box

City, State, Zip Code

(_____) _____

Telephone

Email

- Government Agency or Public School
- Church w/o an IRS 501(c) (3) Determination Letter

Project title that briefly describes the project or program to be funded:

Proposed start date _____ Proposed end date _____

Amount requested \$ _____ Total project cost \$ _____

*Authorization from your board of directors or legally-empowered officer to apply for this grant -
Principal or superintendent must sign for public or private school requests.*

Name _____ Title _____

Signature _____ Date _____

ATTACHMENT SECTION ONE
TELL US ABOUT YOUR ORGANIZATION

You must attach this sheet and the following information:

1. Your organization's mission statement.
2. Your organization's history (and that of your local chapter, if applicable) - including a summary of recent charitable services to the citizens of LaGrange County.
3. A complete list of your organization's board of directors and their principal occupations. Public schools must provide a list of their elected school board. *With explanation, this requirement will be waived for government agencies without a board of directors.*
4. Identify the key personnel that will manage this program or project and describe their qualifications for this work?
5. The names, titles and telephone numbers of three (3) professional references, familiar with the work of your organization, but not on your present or past board or staff.
6. Community organizations or agencies that you have recently partnered with to increase your organization's local effectiveness. Why were these partnerships effective?
7. Non-profit organizations must also include documentation for one of the options below:
 - a. If your non-profit organization has requested and received 501 (c) (3) non-profit status from the IRS, attach a copy of your organization's most recent and complete signed IRS 501 (c) (3) non-profit determination letter.
 - b. If your non-profit organization is a chapter or affiliate operating as a non-profit under the 501 (c) (3) status of a parent organization (i.e. a large conservation or youth organization of the same name), attach the IRS 501 (c) (3) determination letter from the parent organization and the most recent and applicable signed documentation from the parent organization confirming that this legal relationship exists.
 - c. If you are a non-profit organization working under the fiscal sponsorship of a separate 501 (c) (3) nonprofit organization (such as a community foundation or established youth organization), attach a copy of your fiscal sponsor's most recent signed IRS 501 (c) (3) determination letter and a Memorandum of Understanding on your fiscal sponsor's letterhead that is signed by that organization's executive director or authorized officer of the board of directors.

IMPORTANT: An IRS 501 (c) (3) determination letter is not required for government agencies or public schools. Churches may be asked to provide other documentation. Please call.



ATTACHMENT SECTION TWO
TELL US ABOUT YOUR FUNDING NEED

You must attach this sheet and the following information:

1. Describe the **documented** need within LaGrange County that this program or project will address. Identify the source and method of this documentation.
2. Describe how this program or project will address this need and **measurably** improve the quality of life for the residents of LaGrange County. Please be specific.
3. Describe how many and which LaGrange County residents will **directly benefit** from this program or project – *i.e. 20 unemployed families with small children will receive food or 200 learning-disabled young people ages 10 – 15 will learn a specific essential skill.*
4. In the planned order of occurrence, describe the **timeline of the key actions** your organization will take to initiate or upgrade this new or existing program or project during the grant program period?
5. If the grant is awarded, you will be required to submit a final grant report. What specific **measurements** will you use to evaluate the success of your program or project?
6. List all grant requests to other organizations **specific to this program or project** that have been approved, are pending or have been denied. Use the format below:

<u>ORGANIZATION</u>	<u>REQUEST</u>	<u>APPROVED/PENDING/DENIED</u>
i.e. ABC Foundation	\$5,000.00	Approved \$3,000.00
i.e. XYZ Foundation	\$2,000.00	Denied

IMPORTANT:

Government agencies, public schools and churches are not eligible for competitive grants for general operating expenses from LIFE nor does LIFE offer competitive grant opportunities to any organization or agency for the relief of previously incurred debt. Non-profit organizations, government agencies, public schools and churches are all eligible to apply for grants from LIFE in support of specific charitable programs and projects that serve youth; are readily accessible to the general public and are non-political and non-denominational in their purposes.

All requests for support for schools at the department or classroom level and any extracurricular activities under the fiscal sponsorship of a public and private school will be referred to the Community Foundation's LIFE Youth Philanthropy Group for consideration and must be submitted within LIFE grant cycles using the LIFE grant application.



ATTACHMENT SECTION THREE
TELL US ABOUT YOUR FINANCIAL SITUATION

You must attach this sheet and the following document:

1. To request funding for a unique project or program, provide a copy of the line-item budget for the project or program. This budget **must** include all planned **revenue** and **expenses** relevant to the specific request. Requests with incomplete budget information will not be considered for an award. Call if you have questions.

