



Hurricane Relief Grant Application

Complete the form in its entirety and include the required supplemental information with your application.

Applicant Information:

Name of Organization:

Are you a tax-exempt organization under Internal Revenue Code Sections 501(c)3 including public charities as described in IRC 509(a)(1)-(4) and 170(b)-(c)? *Yes* *No*

Federal Tax ID Number:

Street Address:

City / State / Zip:

Mailing Address (if different):

Phone:

Fax:

Email:

Website:

Name of Executive Director / CEO:

Name of Contact for grant application:

Contact email:

Contact phone:

Year Founded:

Number of Employees:

Number of Volunteers:

What geographic area will be served?

Have you received funding from CLCF in the past?

Yes No

Briefly describe your organization's history and purpose:

Please identify your organization's top three funding sources:

Project/Program Information:

Grant Amount Requested:

Please provide an executive summary of the program or project for which you are requesting funds, and how those funds will be used:

Please indicate the breadth of impact your proposal will have (i.e., the number of people directly impacted):

Does your proposal benefit low income or other disadvantaged individuals or families? Please describe:

Please provide the starting date and proposed duration of your project or program:

How will you evaluate the success of this project or program? Please provide specific measurable outcomes:

In the event of partial funding, how will the project be modified?

Supplemental Information:

Please include the following information with your grant application:

Narrative description of program or project, including measurable outcomes expected and plans for ongoing sustainability (1-2 page)

Operating budget and/or pro-forma budget for program or project, including all sources of funding

Copy of your organization's 501(c)3, determination letter

The undersigned is an authorized officer of the organization making this request, and attests that all information provided is accurate and complete. It is understood and agreed that any funds granted will be used solely for the purpose described in this application. The organization will abide by the policies of the Central Louisiana Community Foundation, including the avoidance of conflicts of interest. It is understood that CLCF may require periodic program and financial reports, and may request site visits for the purpose of evaluating outcomes.

Signature: _____

Printed Name and Title: _____

Date: _____

Completed and signed application and supplemental information may be submitted via regular mail or emailed to us at Cenlacf@clcf.net. Application and supplemental information will be retained by the CLCF. Decision on funding will be made before the next round of applications open.

Please send to the attention of:

Gifts & Grants Committee
Central Louisiana Community Foundation
PO Box 7432
Alexandria, LA 71306
Email: cenlacf@clcf.net

Questions? Give us a call at 318-445-7702.