LAKE AREA FOUNDATION

Application for Community Development Grant Funding

PROJECT INFORMATION Project Title: _____ Project Location: **Brief Description of Project** (i.e. construction, equipment purchase, etc.) Estimated Start Date: _____ Estimated Completion Date: _____ Grant Amount Requested: Total Project Cost: \$_______ Match Amount: \$ ____ Cash _ Grant / Loan _ Other: ____ Have the matching funds stated above been committed to this project? □ Yes □ No **GRANTEE INFORMATION** Name: _____ Year Founded: _____ Mailing Address: _____ FEIN: ____ City, State, Zip Code: Name & Title of Authorized Agent: Phone: _____ Email: ____ <u>APPLICATION POINT-OF-CONTACT</u> ☐ Same as Authorized Agent Above. Name: _____ Title: ____ Phone: _____ Email: ____

PROJECT NARRATIVE

Provide a description of the project detailing all relevant project information including, but not limited to, the proposed project activities, a justification for project funding, project goals and objectives, a project timeline, any needs to be addressed by the project, expected results and public benefit to be derived from the project.

PROJECT BUDGET

Please list all funding sources and amounts to be used for project completion, including your LAF grant request amount and required matching funds. Additionally, please list whether each funding source is committed or pending. Please attach additional pages if necessary.

Funding Source	Amount	Status
	Project Total:	

REQUIRED ATTACHMENTS

The following attachments should be included with the application.

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A.	<u>Budget Narrative:</u> Please describe how you propose to fund the project using LAF funds, the required match, and any other funding sources. $(\Box N/A)$
В.	Price Quotes: Attach a minimum of 3 price quotes from vendors for all services and/or durable goods and equipment to be purchased. (\square N/A)
С.	<u>Officers & Board Members:</u> Attach a list of your organization's officers and board members along with their contact information. $(\Box N/A)$
D.	Nonprofit Determination: Attach a copy of your current determination of status letter from the IRS, if applicable. $(\Box N/A)$
Е.	Applicant Financials: Attach a copy of your organization's current audit or annual financial statement. $(\square N/A)$
F.	Fiscal Agent: If utilizing a fiscal agent, attach a letter stating their willingness to act on your organization's behalf which includes the agency name, contact information, and a copy of their Section 501 (c)(3) determination letter. $(\square N/A)$
G.	School Approval: If a public school, please provide written authorization from the Board of Education permitting you to apply for this funding. $(\Box N/A)$
Н.	Funding Commitments: Attach all letters or other documentation of funding

commitment for matching funds and/or other funding sources. ($\square N/A$)

ACKNOWLEDGEMENT AND SIGNATURE

The information presented in this application is true, correct, and complete to the best of my knowledge and belief.

I am aware that the proposed project may be removed from further consideration should it be determined that there are significant discrepancies in the information provided and/or false, inaccurate, or incomplete information has been given.

Authorized Agent Name (Printed):	
,	
Authorized Agent Signature:	
Date:	

SUBMISSION INSTRUCTIONS

Please submit a hard copy of your completed application and all relevant attachments to the Lake Area Foundation by mail, UPS, FedEx, or hand delivery to:

Lake Area Foundation

2384 Lakeway Drive P.O. Box 1570 Russell Springs, KY 42642

Emailed, faxed, incomplete, and/or illegible applications will <u>NOT</u> be accepted.

Applications must be received and in the hands of LAF staff no later than 4:00 P.M. Central on the due date listed in the Notice of Funding Opportunity (NOFO). Late deliveries and post-marked applications will not be accepted.