

LA GRANGE INDEPENDENT FOUNDATION FOR ENDOWMENTS
(L.I.F.E.)

GRANT APPLICATIONS WILL BE RECEIVED PRIOR TO
OCTOBER 1, JANUARY 1, AND MARCH 1

Mail completed grant application and documentation to:
L.I.F.E.

C/O LaGrange County Community Foundation, Inc.
109 E. Central Ave., Suite 3, LaGrange, IN 46761
Phone 260-463-4363 - Fax 260-463-4856

Grant #: _____
(for office use only)

Name of Organization: _____

Address: _____

Contact Person: _____ Phone: _____

Purpose of Application and Area Served: _____

What are the long term goals expected from this project? _____

Amount Requested; Use of Funds; Timetable: _____

Number of Grant Participants: _____

Other Committed Funding Sources: _____

How else will money be raised for this project? _____

LA GRANGE INDEPENDENT FOUNDATION FOR ENDOWMENTS (L.I.F.E.)

Please attach a brief proposal (up to two pages) describing:

1. The need for and importance of this project.
2. Your objectives and plan for addressing that need.
3. Who will benefit from this project.
4. How will they benefit.
5. Your agency's track record and qualifications.
6. A budget for the amount requested, with justification.
7. Attach a copy of 501 (c) (3) if applicable.
8. Identify which of the 40 assets (see brochure) are used in your project and proposal.

CERTIFICATION STATEMENT

I hereby certify that the information included in this grant application is accurate and current to the best of my knowledge. In addition, I certify that any funds received by my organization from L.I.F.E. will be used for the purposes described in this application and that I am acting on the full authority of the organization described herein.

Print Name and Title

Signature

Print Name of Witness

Signature of Witness