



LaGrange Independent Foundation for Endowments

In Collaboration with the Dekko Foundation and the LaGrange County Community Foundation

L.I.F.E. GRANT APPLICATION COVER SHEET AND GUIDELINES

GRANT APPLICATION DEADLINES ARE OCTOBER 1, JANUARY 1, AND MARCH 1

Mail or hand-deliver completed grant application and all required documentation to:

L.I.F.E. Youth Pod
C/O LaGrange County Community Foundation
109 E. Central Ave., Suite 3, LaGrange, IN 46761
Phone 260-463-4363

Grant Number _____
- Office use only -

Name of Organization: _____

Address: _____

City, State, Zip Code _____

Contact Person: _____ Title _____

Telephone _____ E-mail _____

Project Title and Purpose _____

Proposed Start Date _____ Proposed End Date _____

Amount requested _____ Total Project Cost _____

Geographic area and number of people to be served _____

Other committed funding sources _____

How else will money be raised for this project? _____

IN THE ORDER LISTED BELOW, PLEASE ATTACH THE FOLLOWING INFORMATION:

1. Describe the need and importance of this project to the community.
2. Describe your specific objectives and plan for addressing that need.
3. Tell us who will benefit from this project and how their lives will be changed.
4. Identify which of the 40 Developmental Assets are used in your project. For more information about the assets, request a brochure from the community foundation or visit the Search Institute website at www.search-institute.org/assets/40AssetsList.pdf.
5. Provide a budget for the project - including justification for the requested grant amount.
6. Describe your organization's history and the qualifications of its personnel.
7. Attach a copy of your organization's 501 (c) (3) determination letter if applicable. If not applicable, explain.

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