

# LAGRANGE COUNTY COMMUNITY FOUNDATION

109 E. Central Ave., Ste. 3, LaGrange, IN 46761 Phone 260-463-4363 Fax 260-463-4856



## GRANT APPLICATION COVER SHEET

- FULL APPLICATION  
Application deadlines are February 1, June 1 and October 1
- EMERGENCY APPLICATION (up to \$500.00)

---

**Please complete this form as Section 1 for your proposal. Print or type only.**

Submit one (1) original and nine (9) complete copies of this application packet (10 copies total) to the LaGrange County Community Foundation by the application deadline. Each application packet must be simply stapled together, not in folders, binders or any other packaging. Submissions by video, e-mail or fax will not be accepted.

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization mailing address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Project Title \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ Proposed End Date \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_

Have you ever applied for/received a grant from the LaGrange County Community Foundation?

Yes  No If yes, date and amount received \_\_\_\_\_

Briefly describe your request for a grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your plans for funding this project if the community foundation does not approve your request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### **FOR LCCF OFFICE USE ONLY**

Application No. \_\_\_\_\_ Action Taken by Board: Approved Declined

Date Received \_\_\_\_\_ Date of Action \_\_\_\_\_