

2021 - 2022 LIFE Grant Cycle Winter

LaGrange County Community Foundation - Grants

Organization Type

LIFE grants are awarded based on a competitive application process. 501(c)(3) youth-serving organizations, government agency, public school, or organizations working under another organization's 501(c)(3) fiscal sponsorship serving LaGrange County youth are eligible to apply.

Questions about the application or the LIFE's grant program should be directed to Grants Manager Leanna Martin at lmartin@lccf.net or by calling 260-463-4363.

Organizational Status*

Please check the box that best describes your organization.

Choices

- 501(c)(3) nonprofit organization
- Government agency
- Organization working with a fiscal sponsor
- Public school
- Other

Organization Information

Organization's Funding Sources*

What are your top three funding sources?

Choices

- Corporate Donations
- Fees from Services
- Grants from Foundations
- Individual Donations
- State/Federal Grants
- Other

Organization's Mission*

What is your organization's mission?

Character Limit: 1500

History*

Please provide a brief summary of current and historical youth projects or programs.

Character Limit: 1500

Organization's Board of Directors*

Please provide a complete list of your organization's Board of Directors and their titles.

Please use commas or spaces using the following example;

Joe Miller, President

Sue Yoder, Vice President

Mary Bontrager, Member

Character Limit: 500

Fiscal Sponsor*

Are you using a fiscal sponsor for this request?

A fiscal sponsor is used when your organization does not have its own nonprofit status.

Choices

Yes

No

Fiscal Sponsor (If Applicable)

Fiscal Sponsorship questions should only be filled out if you are working with a fiscal sponsor, meaning you do not have a nonprofit status of your own.

If you do NOT have a fiscal sponsor scroll to the bottom of this screen and hit the back button on your left, do NOT use the back button in your browser as you will lose all your previous inputted information.

Fiscal Sponsor Organization*

Character Limit: 250

Fiscal Sponsor Street Address*

Character Limit: 250

Fiscal Sponsor City*

Character Limit: 30

Fiscal Sponsor State*

Choices

Indiana

Michigan

Ohio

Illinois

Kentucky

Tennessee

Wisconsin

West Virginia

Other

Fiscal Sponsor Zip*

Character Limit: 9

Fiscal Sponsor Tax ID (Employee Identification Number)*

Character Limit: 20

Fiscal Sponsor Phone Number*

Character Limit: 15

Fiscal Sponsor IRS Determination Letter*

Please attach a copy of your fiscal sponsor's signed IRS 501(c)(3) nonprofit determination letter.

File Size Limit: 2 MB

Fiscal Sponsor Memo of Understanding*

Please attach a Memorandum of Understanding on your fiscal sponsor's letterhead signed by the organization's Executive Director or an authorized officer of the Board of Directors.

File Size Limit: 1 MB

Project Information

Project Name*

Character Limit: 100

Project Area*

Please choose one.

Choices

- Arts & Culture
- Community Development
- Education
- Environment
- Health & Human Services
- Recreation

Describe the project.*

Describe the basics of the project that you want to provide to youth in LaGrange County.

Character Limit: 3500

Impact and Evaluation

Demographic being served*

What specific population are you targeting with your service?

Choices

- Elementary Students, ages 6-14 years old
- High School Students, ages 15-18 years old
- Young Adults, ages 19-25 years old
- Other

LaGrange County Impact*

How many LaGrange County youth will benefit from this project?

Character Limit: 250

How will you measure your success?*

Please share the measurable outcomes anticipated from this project and how you plan to evaluate the effectiveness of the project?

Character Limit: 1500

Proposed Start Date*

Character Limit: 10

Proposed End Date*

Character Limit: 10

Why is this a good fit for LIFE?*

Why do you believe this project is a good fit for LIFE?

The mission of LIFE is to inspire and foster philanthropy through the youth of our community.

Character Limit: 1500

Financial Information

Funding Request*

The amount you are requesting.

Do NOT include cents, please round to the nearest whole dollar.

Character Limit: 20

Total Project Cost*

How much will this project cost in total?

Do NOT include cents, please round to the nearest whole dollar.

Character Limit: 20

Project Budget*

Please provide a full budget for the project. This budget must include all planned revenue and expenses relevant to the specific request, including all grant requests to other organizations that have been approved, are pending, or have been denied.

Requests with incomplete budget information will not be considered for an award.

Click here for an example line-item budget.

File Size Limit: 2 MB

If you are unsure about a Budget, please reach out to the Grants Manager, Leanna at 260-463-4363 or lmartin@lccf.net

Project Grant Requests

List all grant requests to other organizations **specific to this project** that have been approved, pending, or denied.

Using the following example format:

ABC Foundation, requested \$5,000, Approved \$3,000

XYZ Foundation, requested \$2,000, Denied

123 Organization, requested \$3,750, Approved \$2,750

You may separate this information with commas or spaces.

Character Limit: 1500

Optional Documents

Applicants are encouraged, but not required to provide additional financial information that may better inform LIFE and the Board of Directors regarding your organization's financial needs.

Equipment Request

If you are requesting funding for equipment, please attach a quote.

File Size Limit: 2 MB

Additional File (optional)

File Size Limit: 2 MB

Additional File (optional)

File Size Limit: 3 MB