



Community Cares
Grant Application Guideline Checklist
2019

It is the mission of the Community Cares Program to support not-for-profit organizations serving the citizens of Laclede County by providing necessary funding in order to preserve, protect and encourage participation in activities that address the root causes of poverty and increase community awareness.

Grant Requirements:

The 2019 Community Cares grants are intended to support organizations and programs that meet **basic needs** such as: food, shelter, disaster relief, social services, literacy, transportation, mental health counseling, services for the elderly, and opportunities for the disabled.

* Brick and mortar projects are **not** eligible for Community Cares grants.

(Please note that **two copies** of all items listed below are required)

- The requesting organization must be a 501(c)3 organization or a school, government or other such entity recognized by the state or federal government as a non-profit organization. **Please include copies of the letter substantiating your not-for-profit status.**
- A list of the organization's current Board of Directors with officers identified.
- The most current financial statement of the organization; listing revenues, expenses, and any reserves.
- A signed and dated Agency Agreement Contract to include a contact name, mailing address, and telephone number. (Appendix B).
- Two complete copies** of the grant application and all required attachments.

Your two copies of all documents must be mailed to P.O. Box 1042, Lebanon, MO 65536, or brought by the LAF office located at the Laclede County Annex Building at 186 N. Adams Ave. in Lebanon **no later than August 31, 2018** in order to be considered for 2019 grant funding.

We reserve the right to request any additional information needed.

Appendix A



Agency Agreement Contract Between

_____ (agency name)

and Community Cares (Lebanon Area Foundation)

The Agency agrees:

1. To provide LAF with an accurate financial portrait by submitting a current financial statement which includes all revenues, expenses, and reserve balances.
2. To complete quarterly report forms and return them to the LAF office on a timely basis.
3. To partner with Lebanon Area Foundation during the Community Cares Fall Campaign to promote Community Cares Day of Giving and year-round participation in payroll deduction for Community Cares at area businesses.
4. To refrain from soliciting payroll deduction donations from area businesses year round. Community Cares grants are made possible through the generosity of the hundreds of employees that participate in the Community Cares payroll deduction program.
5. All fiduciary partners involved with the agency understand these requests as indicated by their signature below.

This agreement has been read and approved at the meeting of the governing body of the above agency on _____ (please provide date)

By: _____
Agency Director/ Executive

By: _____
Agency President/ Board Chairman

Please list any additional Party that provides financial oversight, other than your Board of Directors:

Person to contact with questions regarding this application:

Name: _____

Address: _____

Phone: _____ Email: _____