****

**LAF Endowment Grant Application**

***Please complete all fields of information and attach requested documentation.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Amount Requested**: |  |
| ORGANIZATION INFORMATION |
| **Organization**  |  | **Tax ID/FEIN** |  |
| **Address** |  |
| **City** |  |  |
| **State** |  | **Zip** |  |
| **Phone** |  | **Email** |  |
| **Project Contact Person:**  |
| **Phone:** |  | Email: |  |
| PROJECT / PROGRAM INFORMATION |
|  | **Is this a new or existing project/program?**  | **Has this organization received LAF grant funding in the past? ☐ Yes ☐ No****If so, when?**  |
|  | **Project Type: (***choose all that apply*)☐ Brick & Mortar ☐ Benefiting Rural Youth ☐ Providing Shelter | ☐ OtherExplain:  |
|   |

|  |
| --- |
| **Proposed use of funds**: .  |

|  |
| --- |
| **Service Area covered by the project**: |

|  |
| --- |
| **Describe the targeted population and/or demographics of who the program/project will serve:** |

|  |
| --- |
| **How will you measure the success of your program?** |

**Attachment checklist:**

☐ Grant Application

☐ Grant Application Budget

☐ Current list of Board Members

☐ Verification of 501(c)3 status

**Documents may be submitted in the following formats:**

1. Email: Download and email your documents to: mfries@lafcares.org

1. Mail or bring by the office:

***Lebanon Area Foundation***

***500 E. Elm St.***

***P.O. Box 1042***

***Lebanon, MO 65536***

**Terms of LAF Endowment Grant Funding**

The grantee shall return to the Foundation any unused funds at the end of the grant period. If the Foundation determines the grantee has not performed as set forth in the approval letter or if the grantee organization loses its status as a public charity, funds shall be returned to LAF.

At the end of the grant period stated in the approval letter, awardees are required to submit a grant expenditure report with the following information:

* A letter stating the degree to which proposed outcomes were achieved, the number of people who benefited from the project, and future plans for the program or project.
* A financial statement detailing how funds were used.

**Signature** of Fiscal Agent or Board President:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(By signing this document, I affirm that the facts set forth in it are true and complete and that the requesting organization agrees to the Terms of LAF Endowment Grant Funding as noted above.)

|  |
| --- |
| OFFICE USE ONLY |
| DATE RECEIVED: |
| RECEIVED BY: |
| ENDOWMENT FUND(S) THE REQUEST ALIGNS WITH: |