St. Landry Foundation Grant Process

Community Foundation of Acadiana - grants

Acknowledgement

Acknowledgement*

I understand that in order to apply for a competitive grant from the St. Landry Foundation, a fund of Community Foundation Acadiana, my organization must:

- Be up to date with Internal Revenue Service 990 filings and have filed for at least one fiscal year

- Be able to apply under the organization's own tax-exempt EIN

- Be serving St. Landry Parish

- Be in compliance with all requirements of previous funds awarded through CFA including reporting requirements

- Have read and understand the guidelines and criteria provided at cfacadiana.org/grant-guidelines

**Organizations may be asked to verify their eligibility prior to receiving an award.

Choices

Yes
No

Organization Type

Organization Type*

Note: After submitting this application, you may be contacted to provide additional documentation to demonstrate proof of tax exempt status.

Choices

Public Charity [501(c)(3)]
Government Entity
Church
School
Fiscal Sponsorship (501c3)

Organization Information

Organization Name*

Enter your organization's name.

Character Limit: 100

Mission Statement*

Enter your organization's mission statement.

Character Limit: 400

Revenue*

Enter your organization's total revenue for the most recently completed fiscal year (indicated on line 12 of IRS Form 990 or line 9 of IRS Form 990-EZ).   Please note that you may be asked to provide your most recently submitted IRS Form 990 or audited financial statement prior to receiving an award.

Character Limit: 20

Year Founded

Character Limit: 4

Upload your most recent 990*

File Size Limit: 20 MB

Principal Representative Name

Enter the name of the primary contact name representing your organization regarding this application.

Character Limit: 50

Principal Representative Title

Enter the primary contact's title.

Character Limit: 50

Principal Representative Mobile Number

Enter the primary contact's cell phone number.

Character Limit: 10

Principal Representative Email Address

Enter the primary contact's email address.

Character Limit: 254

Officers*

Please enter the names of the current Officers on your Board of Directors or governing body. List should include name and titles. **Use only PDF files.**

Character Limit: 1500 | File Size Limit: 2 MB

Fiscal Sponsor Questions

Organization Name*

Enter your organization's name.

Character Limit: 100

Sponsoring Organization Name*

Enter the name of the organization that is sponsoring your project.

Character Limit: 50

Sponsoring Organization EIN Number*

Enter the 9-digit EIN number for the organization sponsoring your project. Enter in the format xx-xxxxxxx

Character Limit: 10

Explain the relationship between the sponsoring organization and the project.*

Character Limit: 250

Total Annual Budget for Sponsoring Organization*

Character Limit: 20

Board of Directors/Governing Body of Sponsoring Organization*

Upload or copy and paste a list of your Board of Directors or governing committee. List should include, names, roles, and professional affiliations. **Use only pdf files.**

Character Limit: 5000

Project Overview

Project Name*

Character Limit: 100

Project Summary*

- *Provide a brief summary (narrative) of your project that may be used in marketing materials and shared with high-level reviewers such as council members and donors. Please include:*

- *description of the project,*

- *population served,*

- *and how the funds will be used.*

Character Limit: 10000

Program Area*

Select the option that best fits this project:

- **Community/Economic Development** - Organizations, events, or projects that make the St. Landry parish community stronger
- **Health & Human Services** - groups or projects that help the needy and underserved populations
- **Education/Youth Development** - public and private schools and groups and projects that support education as well as early childhood development/intervention programs

Choices
Community/Economic Development
Health & Human Services
Education/Youth Development

Funding Request Type*
Choices
Capital
Equipment/Materials
Operations
Programming
Other

Funding Type Other

If you answered "other" please explain below:*
Character Limit: 500

Community Impact

The St. Landry Foundation focuses its grantmaking on initiatives involving Community/Economic Development (Organizations, events, or projects that make St. Landry parish community stronger) **Health and Human Services** (groups or projects that help the needy and underserved populations), **Education/Youth Development** (not just private and public schools, but groups and projects that support education and youth), **Arts & Culture** (various branches of creative activity, such as painting, music, literature, and dance)**. Projects must benefit organizations, events, or projects that make St. Landry Parish community stronger.**

Community Impact
Is there anything else you would like to share with the committee, particularly in the area of the impact your program or project will have on our community and its citizens?

Character Limit: 2000

Project Details

Project Description*

A detailed description of the project and why it's needed.

Character Limit: 5000

Data*

Describe the specific community need that your project addresses using data and/or research to support your project.

Character Limit: 5000

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Number Served*

Enter the number of individuals estimated to be served by your project.

Character Limit: 10

Population Served*

*Describe the population served by this project **AND** include a brief summary describing the impact of your project on the target population. The population served may be potentially vulnerable groups such as veterans, foster youth, opportunity youth, etc., or be based on gender, age, race, socio-economic status, disability, or sexual orientation.*
Character Limit: 1500

Project Status*

Is this a new project?

Choices

Yes
No

Has the organization completed similar projects?*

Please describe similar projects completed in the box below. If the answer is no, please type N/A in the box below.

Character Limit: 2000

Financial Information

Total Project Amount*
Character Limit: 20

Amount Requested (Up to $5,000)*
Enter the amount you are requesting.

Character Limit: 20

Budget Narrative*
Describe in detail how grant money would be spent for this project.

Character Limit: 750

Funding Question*
Is this request for partial funding or full funding of the project?

Choices
Full
Partial

Project Budget
If you have a detailed project budget that you would like to share, please upload it here. **Use only .pdf files**.

File Size Limit: 5 MB

Support Document

Support Documents
OPTIONAL: If you have other information to support your application please upload them here **Use only Word, Excel, ,jpg or .pdf files**.

File Size Limit: 5 MB

File Size Limit: 5 MB

Authorized Signature

Important! By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:
(1) representing that you are an officer or other agent for the Applicant duly authorized to enter into legally binding agreements on behalf of the Applicant
(2) agreeing to submit this grant application in an electronic form on behalf of the Applicant which shall be bound by its contents as an electronic transaction

(3) agreeing that you provided true, accurate, current and complete information
(4) agreeing that your insertion of data into these following fields constitutes an electronic signature.
(5) Acknowledging that if your organization is selected to receive a grant, funds will not be disbursed until September, 2025.

Name (Authorized Representative)*
Character Limit: 150

Title.*
Character Limit: 50

Date:*
Character Limit: 10