

Fund for Acadiana Grant Process

Community Foundation of Acadiana - grants

Acknowledgement

Acknowledgement*

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

- Be tax-exempt under section 501(c)(3) of the Internal Revenue Code
- 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 Acadiana
- Be in compliance with all requirements of previous funds awarded through CFA including reporting requirements
- Have read and understand the guidelines and criteria provided on Community Foundation of Acadiana's website <https://www.cfacadiana.org/funds-and-impact/engaged-philanthropy/grants>

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

Choices

Yes

No

Organization Type - Fiscal Sponsorship

Sponsoring Organization Name

Enter the 501c3 organization that is sponsoring your project.

Character Limit: 100

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

Relationship Between Your Organization and the Project

Please explain the relationship between the sponsoring organization and the project.

Character Limit: 250

Sponsoring Organizations Annual Budget

Enter the total annual budget for the sponsoring organization.

Character Limit: 20

Board of Directors or Governing Body for the 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: 8500 | File Size Limit: 5 MB

Organization Type - School

File Upload*

Please upload a letter of support from your Parish School Board specific to the project for which you are requesting funding.

File Size Limit: 5 MB

Organization Type

Organization Type

Choices

Public Charity [501(c)3]

Government Entity

Church

School

Fiscal Sponsorship

Organization Information

Organization Name*

Enter your organization's name.

Character Limit: 100

Mission Statement

Enter your organization's mission statement.

Character Limit: 500

EIN

Enter your EIN or Tax Identification Number.

Character Limit: 10

Year Founded

Character Limit: 4

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

Upload your most recent 990*

Upload your 990 if you are a nonprofit or your letter showing your tax exempt status if you are a church or school.

File Size Limit: 20 MB

Principal Representative Name

Enter the primary contact representing your organization regarding this application.

Character Limit: 50

Principal Representative Title

Enter the primary contact's title.

Character Limit: 50

Principal Representative Email Address

Please enter the primary contact's email address.

Character Limit: 254

Principal Representative Mobile Number

Enter the primary contact's cell phone number.

Character Limit: 10

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: 4 MB

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: 1500

Program Area*

Select the option that best fits this project:

Choices

Economic Opportunity For All (Workforce, Employment, Housing, Food Security, Upskilling)

Education For All (Early Childhood through College)

Health For All (Healthcare, Social Services)

Quality Environment For All (Built Environment and Infrastructure)

Belonging For All (Placemaking/Placekeeping, Arts, Culture)

Other

Funding Request Type*

Choices

Capital

Equipment/Materials

Operations

Programming

Other

Program Area Other

Program Area Type - Other*

If your project doesn't fall into one of the categories listed, please explain the impact area that will benefit from your project.

Character Limit: 1500

Funding Type Other

If you answered "other" please explain below:*

Character Limit: 500

Project Details

Please note: We anticipate dispersing grant awards this fall. While you're planning your project, please keep in mind that these funds are best used for **upcoming costs**. We recommend applying the grant toward expenses that arise following the official award date.

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

Has the organization completed similar projects?*

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

Character Limit: 2000

Community Impact

Historical Data or Community Feedback*

What community feedback led to the development of this project, and how has that information shaped its current design?

Character Limit: 2000

Describe the Evolution of this Initiative*

Is this a pilot program designed to address an emerging need, or an established project seeking to deepen its impact or reach a new milestone?

Character Limit: 2000

Financial Information

Amount Requested (up to \$15,000)*

Enter the amount you are requesting.

Character Limit: 20

Total Project Amount*

Character Limit: 20

Grant Budget Narrative*

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

Example:

\$1,500 - will be used for X

\$5,000 - will be used to support X

\$10,000 - will be used for X for implementation

Character Limit: 750

Funding Question*

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

Choices

Full

Partial

Other Funding Sources*

Please list any other in-kind or funding sources (including pending applications) that support this project, indicating the funding amount, source, and purpose. If not applicable, please write N/A.

Character Limit: 800

Full 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. This includes MOUs for fiscal sponsors, if applicable. 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, 2026.

Name (Authorized Representative)*

Character Limit: 150

Title.*

Character Limit: 50

Date:*

Character Limit: 10