

# LAFAYETTE COMMUNITY FOUNDATION

## GRANT APPLICATION

P.O. Box 221  
LAFAYETTE, CA 94549

(925) 284-8214

GRANTS@LAFAYETTECOMMUNITYFOUNDATION.ORG  
VISIT US AT WWW.LAFAYETTECF.ORG

*Please return this completed application with your proposal. This form should be on top of your proposal narrative.*

*All forms and applications may be emailed to grants@lafayettecomunityfoundation.org*

*Grant Deadline: 6:00pm on March 31st and September 30th*

*For more information on grant application requirements, please visit the LCF website.*

APPLICANT ORGANIZATION:	DATE OF APPLICATION:
MAILING ADDRESS:	YEAR FOUNDED:
EMPLOYER IDENTIFICATION # :	CITY STATE ZIP:
ORGANIZATION PHONE:	WEBSITE:
EXECUTIVE DIRECTOR:	FAX:
PHONE :	EMAIL:

Project Title:	Does your agency operate on a	
Project Contact:	<input type="checkbox"/> Calendar Year	<input type="checkbox"/> Fiscal Year
Contact Title:	Project Budget \$:	
Contact Email:	Total Agency Budget:	
Contact Phone:	Current FY \$:	Prior FY (actual) \$:

Request is for:  General Organizational Support  Specific Project

Request is for:  New support  Continued support of a project being funded by LCF

Date of Last LCF Grant (if applicable):        /        /        Amount Requested from LCF: \$ \_\_\_\_\_

Percent of Lafayette Served by this project? \_\_\_\_\_%        Other Areas (please list specific areas):

### **LCF FOCUS AREA:**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Community Building | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Seniors        | <input type="checkbox"/> Youth Development  | <input type="checkbox"/> Other       |

### **PROPOSAL NARRATIVES MUST ADDRESS:**

- |   |                                    |
|---|------------------------------------|
| • Significance of the issue you seek to address | • Project description and timeline |
| • Changes you seek to address                   | • Success measurements             |

### **PLEASE INCLUDE WITH YOUR APPLICATION AND NARRATIVE:**

- |  |   |
|--|---|
| • Evidence of tax-exempt status            | • Brief organizational history and mission statement          |
| • An operating budget for the organization | • Letter of support from collaborating agency (if applicable) |
| • List of Board members                    |   |

\* If your grant seeks to fund a program for one of the local schools, it should be co-sponsored by the appropriate school district

*Upon satisfactory review of the proposal, additional information may be requested. An interview and onsite visit may also occur.*