Paul Eason Chairman

Patricia Clark Kenny Comeaux George deGravelle Patrice Ellis Susie Heroman



Peggy Voorhies Secretary/Treasurer

Charlene Kennedy Patrick Kennedy Lucile Maroney Jeannine McCloskey Arleen Orgeron

GRANT APPLICATION

DATE_____

Everyone requesting funds from our foundation is required to submit a Grant Application. Any funds approved by this foundation for this grant request must be used as specified. Verification is required.

- Your Grant Application on our official form may be submitted electronically.
- Submit application in full and make sure all attachments are legible.
- Submit application before MARCH 1ST, AUGUST 1st, or OCTOBER 1ST to be considered for the foundation board meetings held in those months.
- Keep a copy of the Grant Application for your records.

| 1. Name of your Organization | |
|---|---|
| | Year Established |
| Contact Person | Phone |
| Organization Address | |
| 2. Organization's Tax Identification Number | |
| 3. Title of Project | |
| 4. Projected Cost of Project | |
| 5. Amount Requested | |
| PAG | E 1 OF 3 |
| (337) 837-5046 106 ST. NAZAIRE RD. BRO | DUSSARD, LA 70518 BILLEAUDCOMPANIES.COM |

6. Project Activity Dates From ______ to _____. (If Applicable)

7. Provide a brief description of what this grant money will be used for.

8. Provide a detailed description of your organization and its function. Please include the number of employees and volunteers.

9. Who will benefit from this project? Specify the geographic area involved.

10. If equipment/supplies are part of this application, please submit a prioritized list to include the cost of each item and a grand total. If lengthy, include as attachment.

11. What funding resources does your organization provide for this project?

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12. Provide any additional information, not listed above, that will assist the foundation board in making a favorable decision on this application.

13. Will the recognition of our company be acknowledged? If so, how?

Required Attachments:

IRS letter documenting 501 (c) (3) tax exempt status

We hereby certify that all facts, figures, and representations made in the application, including attachments, are true and correct to the best of our knowledge.

Director's Signature

Printed Name

Date