



GRANT APPLICATION

Louisiana Relay Administration Board (“LA RAB”)

LA RAB has created a grant program designed to support Louisiana-based nonprofit organizations, preferably organizations recognized as 501(c)(3) charities under the United States Internal Revenue Code as well as initiatives sponsored by deaf-owned for-profit organizations. Such entities ideally will have a principal or secondary purpose of promoting programs or services central to Louisiana’s deaf, deaf-blind, hard-of-hearing, or speech-impaired communities.

If an application is approved preliminarily for funding by LA RAB’s Board of Directors, the grant relationship will be memorialized with a separate grant agreement.

Application

1. Name of applicant: _____

2. Is the applicant a non-profit corporation ___ Yes ___ No

Please attach all applicant governance documents (Articles of Incorporation, By-Laws, and most current Board of Directors’ Minutes), a listing of Directors, Officers, key staff, and the three most recent years of financial statements.

3. Is the applicant a recognized 501(c)(3) charity? If so, please attach the applicant’s Internal Revenue Service determination letter so stating.

4. If the applicant is a for-profit entity, explain its history and its initiatives for communities described in the opening paragraph.

5. What is the applicant’s organizational mission?

6. Applicant’s business address:

7. Applicant's website: _____

8. Applicant's key contact person: _____

and e-mail address: _____

9. Applicant's telephone number: _____

10. For what specific program purpose and target population or geography is LA RAB funding being sought? Please note that LA RAB funds programs with measurable objectives over providing general operating support, all in LA RAB's discretion.

11. How much funding, in dollars, is being requested? (Grants are for one calendar year and are not to exceed _____ unless otherwise approved by LA RAB's Board of Directors.)

\$ _____

12. LA RAB recommends and welcomes letters of support from your targeted population or geography of your application.

LA RAB Determination

LA RAB will review all applications diligently and may ask follow-up questions of the applicant as needed. LA RAB may award the applicant all, some, or none of the requested funds and will explain its decision to the applicant.

Thank you for your support of LA RAB's mission. We appreciate your service to LA RAB's key constituents.

Applicant Affidavit

I, _____, certify that I am duly authorized by the governing body of the lead applicant to submit this application and included materials; that the applicant has the capacity to carry out the proposed project; that the proposed project is designed to meet the identified needs of the project area; that all the information submitted as part of this application is true and correct to the best of my knowledge; and that I am an authorized agent of the applicant.

Signature

Applicant's name: _____

By: _____

Printed Name: _____

Title: _____

Date: _____