



**LAFAYETTE LIFE FOUNDATION, INC.**

**APPLICATION**

For grant requests of \$5,000 or less per year

Date:

Name of Organization:

Employee Identification Number ("EIN"):

Full Address:

Phone:

Fax:

Contact Individual(s) (Names and Titles):

**Amount Requested:**

**Brief History of Organization, including date founded:**

**Mailing address: 400 Broadway, MS L2, Cincinnati, OH 45202**  
*508 Vermont Drive, Lafayette, IN 47905*

**Organizational Staff:**

Number of paid staff:  
Total staff compensation, including benefits:  
Number of volunteers:

**Purpose of Grant:** Summarize how your organization will use the grant.

**MATERIALS**--Please attach the following, in this order:

- Most recent audited financial statement, or if no audited statement exists, prior year's financial statement.
- Most recent W-9.
- Most recent IRS Form 990.
- Current year's budget for organization, and separate budget for project, if one exists.
- Copy of Organization's most recent letter of determination regarding its 501(c)(3) status from the IRS.
- Letters of Reference or Participation from organizations with whom your organization has collaborated.
- The Foundation reserves the right to request additional information.