

**Les Dames d’Escoffier BC Chapter (LDBC) Relief Fund**

**Application for Funding**

**Deadline: MARCH 31, 2021**

**I. BACKGROUND INFORMATION**

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name, Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact, Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Incorporation: \_\_\_\_\_\_

Most recent annual budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Support:**

* Are you seeking funds from other sources for the project outlined in this application? No Yes
* If yes, list each source and amount requested:

|  |  |
| --- | --- |
| **Funding Source** | **Amount Requested** |
|       |       |
|       |       |
|       |       |

**Staff Composition in Numbers:**

|  |  |
| --- | --- |
| Paid full time |       |
| Paid part-time |       |
| Volunteers |       |

**II. FUNDING REQUEST**

**2021-Grants: NOTIFIED APRIL 30, 2021 -DISTRIBUTED MAY 15, 2021**

  **Grant amount requested:** $

III. FUNDING REQUEST NARRATIVE

**Organization mission and vision statements:**

**Description of current programs and activities:**

**Project/Program Title:**

**Project/Program Summary (2-3 sentences)**

**LDBC Funding Focus:**

How does the project/program fit within the LDBC funding focus? What is the challenge or opportunity you seek to address with your project/program? Why is this the right project/program to address this challenge or opportunity?

**Goals and Objectives:**

What are the measurable goals of this project/program? What objectives do you plan to focus on in the year you may receive grant funding? How will meeting these objectives during the grant year help you meet the overall goals of the project/program?

**Project/Program Details:**

What is the timeline for accomplishing the goals of this project? List the activities planned and who will accomplish them.

**Individuals Served:**

How many people will be served by the proposed project/program? What are the demographics for the client base?

Have you seen any changes (increases or decreases) in the number of people seeking your services in the last 3 years?

**Change in financial status:**

What notable changes in your annual funding sources have occurred over the past year, or do you anticipate any in the coming year?

**Qualifications:**

What resources, experience and/or expertise does your organization bring to the community challenge or opportunity that your project/program seeks to address?

**Evaluation:**

How will you determine whether this project/program is a success?

**Sustainability:**

How will the project/program be sustained once the grant cycle has ended?

**Any other information you’d like to share?**

**Signature of Authorized Official (Board President, Executive Director, etc.):**

**Title:**

**Date:**