**2017-2018 Healthy Communities Grant Application**

The Keep Louisiana Beautiful 2017-18 Healthy Communities Grant program is designed to encourage community action. The specific focus areas we have identified as our funding priorities support strong, sustainable, action oriented grant projects dedicated to furthering the KLB mission.

The Keep Louisiana Beautiful Healthy Communities Grant review process is dependent upon you providing thorough and complete information about your organization and proposed grant project. Doing so helps us make a fully informed decision about which organizations will be the best stewards of the resources we are investing in our state. Therefore, we ask you to take your time in this application. Please write in full and complete sentences and avoid the use of bulleted points.

Before proceeding, you are required to read the Healthy Communities Grant Application Guide (available on our website). This comprehensive guide is an essential tool in helping you submit a complete, accurate and compelling proposal.

**Funding Available:**  You may apply for an amount between $1,000 and $10,000.

**Application Deadline:** Applications will be accepted between January 18, 2017 and April 7, 2017, by 5:00 PM. ***Grants received outside of the accepted dates/time will not be reviewed and be deemed ineligible for funding.***

**Organization Name:**

**Address, City, Zip Code:**

**Parish:**

**Federal Tax ID Number:**

**Requested Funding: $**

**Point of Contact Name and Title:**

**Contact Person Daytime Telephone and Email:**

**Authorizing Official and Title:**

**Authorizing Official Daytime Telephone and Email:**

**Organization Website:**

**Organization Social Media Sites:**

**If you are a current Keep America Beautiful affiliate, are you in Good Standing?**  ⧠Yes ⧠No (**5 pts. Extra**)

**Have you been awarded a Healthy Communities Grant in the past?** ⧠Yes ⧠ No

**If yes, please list year (s):**

**Organizational Overview:** (**1500 characters max: 10 pts.**) Briefly describe the history and mission of your organization with an overview of current programs. Include organizational areas of focus and structure.

**Grant Project Focus Areas:** Your grant project must address at least one of the focus areas. Please check all that apply.

⧠Reduce, Reuse, Recycle ⧠Environmental Education/Training ⧠Environmental Stewardship

⧠Litter Cleanups ⧠Litter Enforcement ⧠Water Pollution

⧠ Household Hazardous Waste

**Healthy Communities Grant Project Description**: (**2500 characters max: 15 pts.**) Provide a concise description of the proposed grant project for which you are seeking funding.

**Statement of Need:** (**750 characters max: 5 pts.**) Describe the need for this proposed grant project. How was this need determined? Identify the geographic area and the population that this grant project will serve.

**Timeline:** (**5 pts.**) Provide anticipated timelines for implementation of your proposed grant project. What will you do for each month listed? A maximum of twelve months may be listed here.

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| **Month** | **Task to be Performed** |
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**Grant Project Partnerships**: (**10 pts.)** Identify major grant project partners and the role they will play in this grant project. Provide a Letter of Support from each partner. At least one Letter of Support is required for your grant project to be considered. A Letter of Support will show intent to contribute to the proposed grant project.

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| **Partner Name** | **Contribution (i.e., providing additional funds, in-kind support, volunteers, professional services, etc.)** |
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**Anticipated Outcomes:** (**2400 characters max: 15 pts.**) Anticipated outcomes can be defined as the change you predict you will be able to observe and measure as a result of this project. Some outcomes may happen at different times in the project, and some may be measured in numbers, such as the number of students educated on the benefit of recycling, amount of graffiti removed, or pounds of trash collected. Others may be described in words, testimonials, interviews, focus groups or even photographs. Carefully consider how you can best measure the success of your grant project, and according to what timeline. Describe the anticipated outcomes you expect to see and explain how they will be measured over time.

**Anticipated Impact:** (**900 characters max: 5 pts.**) Anticipated impact can be defined as the lasting change you predict will occur as a result of your project’s success. If your project is funded, what impact will it have in your community on long-term? *Examples may include: an increase in new businesses; increase in property values because an area is more attractive; a lasting change in attitudes; a change in daily operations.*

**Project Sustainability:** (**900 characters max: 5 pts.**) Keep Louisiana Beautiful is committed to supporting projects whose operations and impact will last after the funding period has ended. Describe how this project will continue and be sustained beyond the funding period. *Examples of sustainable programs may include: a one-time purchase of resources and/or equipment will be reused repeatedly; environmental or infrastructure changes; trainings that can then be used to teach others*.

**Proposed media plan and KLB recognition**: (**1200 characters max: 10 pts.**) Explain your media plan (publicity and promotions) for raising awareness for the project in your area. Explain how you will recognize KLB for funding this project including website, print, and social media initiatives. *Examples may include: inclusion of KLB logo on all grant related printed materials, print/social media, and signage).*

**Budget Justification:** (**150 words max: 5 pts.)** Explain exactly how the budget items are necessary for this program/project.

**Program Budget: (15 points) Please note that up to 10% of total proposed project costs may go towards administrative costs at a rate of $23.56 per hour.**

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| Item Description and Vendor | Unit Cost | Quantity | KLB Grant  Request | Cash Match | In-Kind Match | Total |
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| Grand totals: |  |  | **$0.00** | **$0.00** | **$0.00** |  |

**KLB GRANT TERMS AND CONDITIONS**

Upon submission of this proposal, the applicant becomes bound by its content, as well as will fully comply with the KLB Terms and Conditions as stated, and located, in the Healthy Communities Grant Guide. Should KLB accept this proposal, the applicant (s) signing below understands their commitment to, and accepts, all requirements as set forth by KLB and the Healthy Communities Grant.

I have read, understand and agree to abide by the outlined terms and conditions. ***Please complete information below, sign, and submit with your grant application. Scanned signatures are accepted.***

**Name of Organization:**

**Authorizing Official of Organization – Printed Name and Title:**

**Authorizing Official of Organization Signature:**

**Contact Person for Grant – Printed Name and Title:**

**Contact Person for Grant Signature:**

**Date of Authorizing Signatures:**

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR GRANT APPLICATION.**

**Checklist:**

**⧠ Grant Application**

**⧠** **IRS determination Letter or Tax Exemption Form**

**⧠ Letters of Intent**

**⧠ Memorandums of Understanding or Resolutions (if required)**