



2024-25 Keep Louisiana Beautiful Healthy Communities Grant Application

Application deadline: May 15, 2024

Purpose and Description

Keep Louisiana Beautiful's (KLB) mission is to promote personal, corporate, and community responsibility for a clean and beautiful Louisiana. Through programs and a statewide network of affiliates and partners, KLB provides tools and resources to prevent litter, reduce waste, increase recycling, and beautify spaces. For more information visit keplouisianabeautiful.org.

Grant Purpose: Provide funding for local projects and programs bringing about behavioral changes needed to improve the appearance of communities in Louisiana. Projects should focus on litter removal, prevention, and education, best practices for waste management, waste reduction, recycling, reusing, and refusing, litter enforcement, and other related efforts. KLB seeks to fund projects with diverse community support, volunteer involvement, collaboration with stakeholders and benefit the community.

Grant Type:

-\$2,500-\$10,000 Reimbursement grant that funds projects and programs as described above.

-Minimum 15% cash match, in-kind donation or volunteer hours value required.

This grant is made possible with funding from the State of Louisiana and Office of the Lt. Governor.

Eligible to Apply:

-Louisiana parishes, municipalities, state agencies, governmental entities, political subdivisions, schools, colleges, universities, non-profit organizations, KLB Community Affiliates who are current Circle of Excellence recipients, KLB University Affiliates, and KLB Community and University Affiliates in formation

-Non-profit organization applicants must submit their IRS Determination Letter

-All applicants must submit Form W-9

-All applicants must be in good standing with the Secretary of State

-All applicants must be a State Certified Vendor. Register: doa.la.gov/doa/osp/vendor-resources/

-Application must be submitted by the deadline and be completed in its entirety

Funding Guidelines: Projects and programs with measurable goals and sustainable impacts in one or more of the following areas:

Eligible for Funding:

- Litter removal
- Litter prevention
- Waste management and reduction
- Recycling, reusing, reducing, and repurposing
- Litter and illegal dumping enforcement
- Education on litter prevention, recycling and environmental stewardship

NOT Eligible for Funding:

- Gardening projects and tree planting
- Computers, electronics, and printers
- Travel expenses, rental of motorized vehicles and fuel
- Food and beverage
- Registration fees
- Cash awards, insurance and salaries, employee compensation

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- Expenses associated with fundraising activities
- Projects or activities conducted on private property
- Excessive disposable materials or activities producing excess waste/litter (i.e. balloon release)

I verify that I have read and agree with all grant terms and requirements.

Yes No

Organization Name

Organization Address

Address Line 1

Address Line 2

City

State

Zip Code

Organization Type

Parish Municipality State Agency Government Entity Political Subdivision School/College/University Non-Profit Organization KLB Community Affiliate KLB University Affiliate

Parish

Grant amount requested

Upload Organization Form W-9

If non-profit, upload Non-Profit IRS Determination Letter or Tax Exemption Form

Applying organization is in good standing with the Louisiana Secretary of State.

Yes No

State Certified Vendor Number

Contact Name

The Contact is the person responsible for managing the grant process and progress. They are the point of contact for KLB.

Name

First

Last

Phone number

Email

Authorizing Official

The Authorizing Official is the person who has the authority to approve this application and reimbursement terms and enter into a contract for the organization. Please note that this individual will receive a copy of this grant application upon submission.

Name

First

Last

Title

Phone

Email

Letter of Authorization

This letter authorizes your organization to apply for a Healthy Communities Grant. It should include wording indicating

- 1.) the name and title of the authorizing official
- 2.) the grant name "2024-25 KLB Healthy Communities Grant"
- 3.) that the authorizing official understands and agrees to participate in a grant that it is a reimbursement grant and that requires internal funds to be committed to and used for the project upfront
- 4.) the amount of the funds requested
- 5.) a short description of the scope of the project.

The letter must be signed by the organization's authorizing official and submitted on organization letterhead.

Upload letter

If you received a Healthy Community Grant in the past, what was the project, the year and amount of the grant.

What is the main focus area(s) of your grant program/project?

- | | | |
|---------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Waste Management and Reduction | <input type="checkbox"/> Litter Removal | <input type="checkbox"/> Water Pollution |
| <input type="checkbox"/> Litter Prevention | <input type="checkbox"/> Litter/Illegal Dumping Enforcement | <input type="checkbox"/> Marine debris and waterway cleanups |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Litter/Recycling/Environmental Education |
| <input type="checkbox"/> Reduce, Reuse and Refuse | | |

You may select more than one.

What is the approach to addressing the need in the focus area you selected?

- | | | |
|-----------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Education K-12 program | <input type="checkbox"/> Expand or maintain an existing program | <input type="checkbox"/> Litter Crews supports |
| <input type="checkbox"/> Education Higher Ed. program | <input type="checkbox"/> Create a new program/project | <input type="checkbox"/> Outdoor event litter prevention project |
| <input type="checkbox"/> Adult Education program | <input type="checkbox"/> Purchase supplies and equipment | <input type="checkbox"/> Community enhancements |
| <input type="checkbox"/> Marketing/Media/Social Campaigns | | |

You may select more than one.

Why do you need this grant funding? What is the overall budget for this program/project? Does this project have any other sources of funding? Explain.

Maximum 2,400 characters.

Describe the program/project you are seeking funding for in great detail. All of the following questions must be addressed in this section. What problem you are addressing and how was the problem determined. How will this program/project help solve or address the problem. Who will assist in implementing this program/project? Are staff members or volunteers involved? Approximately how many individuals will be directly impacted by this program/project? How many indirectly? Detail how you will spend the grant funds to implementing the program/project.

Maximum 3,500 characters.

Describe the project/program and how it addresses the need.

How many volunteers will be involved in this program/project?

Maximum 2,400 characters.

How many participants will be involved in this program/project?

Which business or community partners have committed to helping with this program/project? Explain.

Do you have other funders contributing to this program/project? Explain.

Letter of Support from Partner

At least one Letter of Support from a partner or funder on their letterhead is required for your grant project to be considered. The letter should contain the grant name, "2024-25 KLB Healthy Communities Grant," a short description of the project/program, and how the partner/funder will contribute.

What outcomes do you anticipate from this grant program/project? How will you track or measure the outcomes?

Maximum 2,400 characters.

How will you continue to fund this grant program/project beyond the funding period?

Maximum 2,400 characters.

Budget - Cash or In-Kind Donation Match or Volunteer Hours

Select only "Cash Match" OR "In-kind Match" for each line item, not both. For Cash Match list the \$ amount for each donor separately. For In-kind Match, list the total In-kind \$ value for each donor. If claiming volunteer hours towards match, list "Volunteer Hours" in item description

and multiply number of hours by \$27.39 to get the dollar amount to be entered in the "In-kind Match" column. You are required to have at least a 15% in-kind match, cash match or equivalent volunteer hours value.

Item Description and Donor	Cash Match	In-kind Match	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00
Total: \$0.00		Total: \$0.00	Grand Total: \$0.00

Budget and Budget Justification

All budget items must be related to the project and clearly identified in the project description. Direct costs and administrative costs/fees are prohibited. Reimbursements requests will be approved based on budget items aligning with budget requests, so include detailed item descriptions. For example, if you are buying a trash collection trailer, along with creating line items for the trailer itself, create budget line items for additional equipment needed such as padlocks, hitches, KLB acknowledgment decal, etc. that you wish to be reimbursed for. See Funding Guidelines in the Purpose and Description section at the beginning of the application for allowed budget items and percentages.

Item description	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00
Grand Total: \$0.00			

Dollar amount requested from KLB
\$0.00

Explain how each of the items in the budget above fits into the program/project and why it is needed. KLB will NOT fund items that are not directly associated with your grant project.

Maximum 2,400 characters.

Submission

I verify that I have permission and the authority to this grant application on the behalf of the organization and that the information that I provided in this application is true and accurate. I have read and agree with the requirements and terms of the grant.

Applicant's Name

First

Last

Applicant's Signature

Date

SAMPLE