



Supporting Communities in Lowndes County

Grant Proposal Guidelines

Lowndes Community Foundation (LCF) is a non-profit, charitable, publicly-supported, philanthropic organization operating as an affiliate of CREATE Foundation (Tupelo, Mississippi). Its purpose is to improve the quality of life for people in Lowndes County. The Foundation serves as a link between donors and the community and seeks to promote and provide leadership and cooperative action in support of programs in the areas of:

- **Education**
- **Crime**
- **Addiction**
- **Community Engagement**
- **Poverty & Social Welfare**
- **The Arts**

ELIGIBILITY

LCF will consider support only for programs that serve Lowndes County communities. The following policies govern the award of grant support from LCF.

- LCF considers grant applications only from **non-profit, tax-exempt organizations** providing services to the Lowndes County area or projects for the public good.
- LCF considers requests for funding of **startup projects** (seed money), **capital needs** (“bricks & mortar”) and/or projects that demonstrate a record of **successful programs/services** and a need for continued funding.
- LCF is most interested in funding programs/projects that have the greatest impact in **Lowndes County** and that provide lasting, **sustainable results**.
- LCF typically does not provide funding for salaries or continuing operational support to sustain programs or projects.

IMPORTANT DATES

Applications are considered for grant funding according to our annual grant cycle. Applications may be submitted beginning March 1 of each year and are due no later than September 1. Proposals must be emailed or postmarked no later than the deadline date.



If your application is received after September 1, the application will be returned to you. You may then apply during the next year’s grant cycle, beginning March 1.

Decisions will be announced by November 1 and funds disbursed by December 31. Grantees must submit final reports no later than December 31 of the following year. Failure to submit a final report will negatively impact an applicant’s future proposals.

If any of these dates fall on a weekend or holiday, the deadline will be on the first working day following the published deadline.



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APPLICATION PROCEDURE

The local Board of Directors manages the grant-making process. After board consideration of all proposals for grant funding, Jan Eastman, Executive Director, will notify each applicant of the Board's decision regarding their proposal. If you are unsure about your proposal idea or have questions concerning any portion of the grant application or process, please feel free to contact Jan Eastman at janeastman2@gmail.com.

To propose a grant, complete the Grant Proposal Form below. The file is a fillable PDF, so you may complete the form electronically, save your entries, and email the form back to LCF Executive Director Jan Eastman at janeastman2@gmail.com. Alternatively, you may print the form, fill out the hard copy, and either scan and email it to the address above or mail it to the address below.

Lowndes Community Foundation

C/O Jan Eastman

108 Alabama Street

New Albany, MS 38652



LOWNDES
Community Foundation

Supporting Communities in Lowndes County

Grant Proposal

Email or submit to Jan Eastman, 108 Alabama Street, New Albany, MS 38652
Email: janeastman2@gmail.com Telephone: 662/534-3230

Submitted by: _____

(ORGANIZATION)

Nonprofit Status (must check one):

Designated As a 501(c)3

IRS Letter Attached

OR

Have a Fiscal Sponsor That Is a 501(c)3 Organization

Sponsor _____ EIN _____

Please attach a list of your board of directors.

Proposal Type (check one):

New Organization

New Program

Existing Program

Funding Category (check all that apply):

Education

Crime

Poverty/Social Welfare

The Arts

Addiction

Community Engagement

Target Population(s): _____

Amount Requested: \$ _____ Total Project Budget: \$ _____

Please attach a budget (and narrative, if necessary for clarification).



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AUTHORIZATION & CONTACT INFORMATION

Executive Director: _____
(NAME)

Signature: _____

Contact Person: _____
(NAME)

Phone: _____ Email: _____

Mailing Address: _____

Program Site Address: _____

This Section to be Completed by LCF Executive Director

Approved Disapproved

Amount Funded: \$ _____ Date: _____