



P.O. Box 81932 | Lafayette, Louisiana 70508  
ilfoa2017@gmail.com | www.ilfoa.org

## **IVY LEGACY FOUNDATION OF ACADIANA, INCORPORATED** **Application for Funding Policies and Procedures**

**The purpose of this corporation is:** To enhance the quality of life, create positive lasting impacts, and inspire individuals and families in our community through scholarship, leadership, and service. The focus of the Foundation includes, but is not limited to, assisting families through advancing the cultural arts; encouraging healthy lives; promoting economic well-being; awarding scholarships and providing educational experiences to youth; and improving global conditions.

Applications submitted to the Ivy Legacy Foundation of Acadiana, Incorporated will be accepted in the spring and fall of each year.

**SPRING APPLICATIONS:** Applications will be accepted from January through April. If approved, awards will be distributed in the month of June. Applications must be postmarked no later than April 30th of the current year.

**FALL APPLICATIONS:** Applications will be accepted from July through October. If approved, awards will be distributed in the month of December. Applications must be postmarked no later than October 31st of the current year.

All funding requests should align with the purpose of the Ivy Legacy Foundation of Acadiana. Consideration for funding through the Ivy Legacy Foundation of Acadiana will be made based on the following:

- Preference will be given to organizations that have a 501(c)(3) status with the Internal Revenue Service and/or a qualified nonprofit group. The agency must have a local Board of Directors.
- The agency must be in “good standing” with the Louisiana Secretary of State.
- Funds must be utilized in the Acadiana Area.
- An audit or IRS Form 990 from the organization’s most current year may be requested.
- All attachments required in the application process must be in the name of the agency submitting the application.
- The completed application must be received by Ivy Legacy Foundation of Acadiana by the stated deadline.

Requests for funding for any of following **WILL NOT** be considered:

- Fundraising or social events
- Research efforts
- Deficit financing
- Conference or seminar fees / Travel expenses
- Endowments
- Scholarships
- Production and development of television or radio programs
- Political Campaigns / Lobbying

Applications from non-exempt organizations must include a detailed list of items to be purchased. The items must be purchased directly by the Ivy Legacy Foundation of Acadiana, Incorporated from the vendor/store. The detailed list must describe the item, cost per item, total number of items and the grand total of purchases to fulfill the application award request. This shall be included as supportive documentation for consideration.

Applications from exempt organizations must include a detailed list to submit with the application of the intended use of the funds. Attach supportive documentation as needed.

Completed application packets may be mailed to:

Ivy Legacy Foundation of Acadiana, Incorporated  
P.O. Box 81932  
Lafayette, LA 70598

**POST AWARD REQUIREMENT:**

Recipients of the Ivy Legacy Foundation of Acadiana, Incorporated award agree to provide documentation of how the funds were used after it was awarded. Please include photos, news articles, printed social media posts, etc. Documentation must be provided within 30 days of the execution of the award.





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**IVY LEGACY FOUNDATION OF ACADIANA  
APPLICATION FOR FUNDING**

Application date (minimum 30 days in advance): \_\_\_\_\_

Name of organization requesting funding:

\_\_\_\_\_

The mission of the organization requesting funding:

\_\_\_\_\_

Total amount of project \$ \_\_\_\_\_

Total amount requested \$ \_\_\_\_\_

Detailed reason for funding (Brief summary – may include attachment):

\_\_\_\_\_

Duration of project from \_\_\_\_\_ to \_\_\_\_\_

Specify the date the funds are needed: \_\_\_\_\_

List other funding sources for requested project: \_\_\_\_\_

Overview of how funds will be spent (Itemized budget needed):

\_\_\_\_\_  
\_\_\_\_\_

Individuals or communities to be served:

\_\_\_\_\_

Purpose and key anticipated outcomes of project:

\_\_\_\_\_  
\_\_\_\_\_

Supportive documentation attached: \_\_\_\_\_ yes \_\_\_\_\_ no

Requesting Party Information:

Name/Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Chairperson/Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*By signing, I certify that I have read and understand the Ivy Legacy Foundation of Acadiana's application for funding requirements. I further understand that my organization is responsible for complying with each of these policies and procedures.*

President \_\_\_\_\_ Date \_\_\_\_\_

Name (Typed)

Signature

Program Committee Chairman \_\_\_\_\_ Date \_\_\_\_\_

Name (Typed)

Signature

**FOR INTERNAL USE ONLY:**

Date request received: \_\_\_\_\_

ILFoA vote: Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain or Tabled \_\_\_\_\_

Reason for denial: \_\_\_\_\_

If awarded, proof of how grant was used has been provided within 30 days of the executed grant:

Yes \_\_\_\_\_ No \_\_\_\_\_

