



Les Dames d'Escoffier International (LDEI) Relief Fund Application for Funding

Deadline: December 1, 2020

Please complete the following:

I. BACKGROUND INFORMATION

Organization Name _____

Tax ID Number _____

Contact Name, Title _____

Secondary Contact _____

Contact Phone _____ Contact Email _____

Secondary Contact Phone _____ Email _____

Organization Address _____

City/State/Country _____ 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

2020-Grants: Distributed in December 2020. Grants cap at \$1,000.

Grant amount requested: \$_____

If checked, you must complete the additional questions in Section III

III. FUNDING REQUEST NARRATIVE

Organization mission and vision statements: _____

Description of current programs and activities: _____

Project/Program Title: _____

Project/Program Summary (2-3 sentences): _____

LDEI Funding Focus:

How does the project/program fit within the LDEI 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 time line 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:

Have there been any notable changes in your annual funding sources 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?

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

Title: _____

Date: _____