



NOEL MEMORIAL LIBRARY
LOUISIANA STATE UNIVERSITY IN SHREVEPORT
ONE UNIVERSITY PLACE
SHREVEPORT, LA 71115-2399

GRANT APPLICATION

The Noel Foundation, Inc. supports the community by funding select projects that benefit the community, that provide opportunities for individuals, and that generate positive recognition for the Foundation. Priorities for civic projects include education, social services and community development.

Recipients of funding will be required to file a follow-up report that provides information on the accomplishments of the project, how the funds were used and how Noel Foundation, Inc. was recognized for its support.

ORGANIZATION NAME AND ADDRESS: _____

PROJECT/PROGRAM NAME: _____

AMOUNT REQUESTED: \$ _____ TOTAL PROJECT/PROGRAM COST: \$ _____

APPLICATION SUBMISSION DATE: _____

DATE FUNDING NEEDED: _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REMEMBERING THE WORDS OF MARK TWAIN:

"I did not have time to write a short letter, so I wrote a long one instead."

PLEASE BE CONCISE.

ORGANIZATIONAL INFORMATION

1) Briefly describe your organization. Include issues the organization is working to address and the types of services and programs offered.

2) How is your organization different from others working in the same area? How do you avoid duplication of services?

3) What is the current financial condition of the organization?

4) Has your organization's most recent Form 990 been filed? YES NO

5) What geographic area does your organization serve?

Organization Name: _____

PROJECT/PROGRAM INFORMATION

1) Provide a brief description of the program/project for which funding is requested and what need are you addressing?

2) Who and how many will benefit from the project/program and how will they benefit?

3) What will be the total budget for the project/program and what percentage of the program/project will be funded by the Noel Foundation contribution?

4) Is this a new or existing project/program? YES NO

5) What are the 3 most significant outcomes of the program/project? How will you measure success?

6) What will be the source of other funds needed to support this project/program

7) Please list the names and qualifications of the key staff members responsible for implementing the project/program.

8) If the program/project is successful describe how the program will be sustained after Noel Foundation, Inc. funding?

9) How will the Noel Foundation, Inc. be recognized for its financial commitment and support?

10) Has the organization previously received funding from the Noel Foundation, Inc.? YES NO

SUBMISSION OF GRANT APPLICATION

THE COMPLETED APPLICATION SHOULD BE EMAILED TO: grants@jsnoelfoundation.org

QUESTIONS AND COMMENTS SHOULD BE REFERRED TO: **NOEL FOUNDATION INC.**

R. Stacy Williams Jr.
Investment Committee Chairman
stacy.williams@jsnoelcollection.org

Allison Cate
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