Following a disaster impacting Lafourche Parish, Terrebonne Parish, and Grand Isle, Bayou Community Foundation (BCF) may award grants to nonprofits providing Short Term Disaster (“Emergency”) Assistance and Mid- to Long-Term Recovery and Rebuilding Programs directly serving residents of Lafourche/Terrebonne/Grand Isle, dependent on funds available in BCF’s Bayou Recovery Fund. **Nonprofits should submit completed forms via email to** **ArmandJ@BayouCF.org****. Grants will be awarded in phases as described online at www.BayouCF.org. Questions?**

**Call or email Jennifer Armand at 985-790-1150 / armandj@bayoucf.org**

**PART 1: APPLICANT INFORMATION**

**Nonprofit Organization Name** (as recognized by the IRS for 501c3**):**

**Tax ID** (for entity recognized by IRS as 501c3):

**Date 501c3 Approved by IRS:**

**Contact Name and Title:**

**Email Address:**

**Cell phone number:**

**Mailing Address (including city, state, ZIP)**

**PART 2: GRANT REQUEST SUMMARY**

**Date of Request:**

**Dollar Amount of Grant Requested:**

**General Description of Organization’s Work and Communities Served:**

**Program/Project to be supported by grant:**

**PART 3: PROJECT DESCRIPTION**

**What impact(s) of the recent disaster do you aim to address with this grant?**

**Please describe the program/project for which grant will be used, how it will be implemented, the geographic service area, and anticipated number of residents or households served.** *(use as much space as necessary)*

**If applicable, identify any partnerships with other nonprofits or how your project is coordinated with other local response efforts.**

**Is this program/project currently in operation?**

**If not, anticipated start date?**

**Anticipated end date?**

**PART 4: GRANT BUDGET**

**Please itemize or explain costs for the program/project that you are requesting a grant to help fund.**

**Submit this completed application along with other required documentation listed below to** **armandj@bayoucf.org** **by November 15, 2021:**

1. **501c3 approval letter from the IRS**
2. **ACH authorization form (next page)**

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (ACH)**

Payee listed below requests that distributions, payments, grants made by Bayou Community Foundation to this organization be transmitted by Electronic Funds Transfer (ACH Credit).

**PAYEE NAME (Company, Organization, Individual):**

**TAX ID Number:**

**Complete Mailing Address:**

I hereby authorize Bayou Community Foundation to credit entries to our checking or savings account indicated below at the depository financial institution (DEPOSITORY) named below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to this nonprofit organization’s account must comply with the provisions of U.S. law.

**Depository (Bank) Name:**

**Bank Address:**

**City, State, Zip:**

**Routing Number:**

**Account Number:**

**CHECKING or SAVINGS?**

This authorization is to remain in full force and effect until such time that Organization notifies Bayou Community Foundation in writing to cancel or change this ACH authorization.

**Organization Representative’s Name:**

**Title:**

**Email/Cell Phone:**

**Today’s Date:**