

List of Programs:

Number of Employees: _____

Number of Volunteers: _____

Number of Supporting Entities: _____

Contact Names: _____

Contact Number: _____

Email Addresses: _____

Date when they became supporters: _____

Website: _____

Contact Names: _____

Contact Number: _____

Email Addresses: _____

Date when they became supporters: _____

Website: _____

Contact Names: _____

Contact Number: _____

Email Addresses: _____

Date when they became supporters: _____

Website: _____

(Please attach current and previous fiscal year records)

Cost of Project: \$ _____

Cost of Program: \$ _____

Startup Budget: \$ _____

Can you provide a 2-year Projection?: (Yes) (No)

If yes, please provide a brief summary of your projections:

Do you have any commercial insurance? (Yes) (No)

(If yes, please attach to application)

Do you have any indemnification listed in your company's bylaws or articles?

(Yes) (No)

How many subcontractors do you have networking with you? _____

Are your employees employed under contract? (Yes) (No)

Do you have to pay a grant writer to aid you with this application? (Yes) (No)

If Yes, please explain:

What are your fundraising methods?

Do you or will you enter joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? ___(Yes) ___(No)

If yes, please describe the activities of these joint ventures in which you participate:

Do you receive “unusual” grants: ___(Yes) ___(No)

If yes, please explain:

Does your organization give out contributions, grants, or gifts? ___(Yes) ___(No)

If yes, please explain:

Does your organization receive bonds and notes? ___(Yes) ___(No)

If yes, please attach an itemized list to the application:

Do you fund or aid your members with education? ___(Yes) ___(No)

How Much do you disperse in unemployment? \$ _____

How Many times has your company been involved in criminal or civil lawsuits? _____

(Please attach all required documents that will assist in the determination of your grant application).

I certify that this grant is solely for the use of

_____ (Organization Name)

and will be used only for the purposes listed above. I certify that the information I am providing for this grant is for the development and betterment of the business.

_____ (Print).

Name: _____

Date: _____

Title: _____

(After completing this application please mail this information in a sealed envelope and mail it to the DIF Inc. Process center.)

DIF Inc Process Center Address:
201 St. Charles Ave. Ste. 2500, New Orleans, LA 70170

ACKNOWLEDGEMENT STATEMENT

I, (Applicant) _____, affirm that the submitted information is true, I promise to use any aid from the Seed Grant Program of DIF Inc. in the name of (Organization Name) _____ to purchase equipment and/or services and establish our networking to meet the needs of our current programs we offer to the public. We will not use any funds provided by the Seed Grant Program of DIF Inc. for any personal reason/reasons that cause the halter to the development of the organization and only use it for the purposes listed above.

PAY BACK CLAUSE

I, (applicant) _____, understand and agree that if I do not use this grant as directed or in a manner consistent with the purpose for which it was granted, Deliverance International Foundation Incorporated (DIF Inc.) has the right to (AND WILL) seek repayment of this grant, a 3% interest thereof, and all legal fees expended by DIF Inc. in the course of seeking repayment of this grant. I consent to Louisiana’s civil law of contracts as the Choice of Law in the event that DIF Inc. seeks repayment of this grant due to my failure to use the funds in a manner dictated or consistent with its granting. I consent to Louisiana’s jurisdiction and that it will be the forum state of any subsequent suit unless DIF Inc. agrees otherwise.

Signature: _____

Date: _____

Please Attach to the Application!