

LOUISIANA CULTURAL ECONOMY RELIEF PROGRAM NON-PROFIT ORGANIZATION APPLICATION

Please type or print legibly.

Date _____

Name of Applicant (Legal Name)

Other Professional Name

Social Security Number/EIN

If none, please explain.

Own Rent

Home Address

City

State

Zip

Day Phone

Evening Phone

Cell Phone

Own Rent

Pre-Hurricane Address (if different from above address)

City

State

Zip

Total Organizational Budget _____

Fiscal Year _____

Narrative

Please describe in detail the nature of your loss due to Hurricanes Katrina and Rita. Be as specific as possible. You may submit up to two single-spaced pages in 12-point type. In preparing your answer, please consider, as appropriate, the following questions: Have you had increased expenses? Have you cancelled any artistic or fundraising activities? Have you reduced the amount of your artistic output? Have you revised your budget by cutting expenses and/or reducing income? Have you reduced, or do you plan to reduce, your staff? What positive actions have you taken to address this impact, including utilizing a cash reserve allocation, credit line or loan from an endowment? Do you have a strategic plan and has it changed as a result of the hurricanes?

Types of Support Requested: (check each that applies)

Amount Requested:

Clean-Up _____

Relocation _____

Other Losses _____

Total Damage Suffered _____

Relief Already Received _____

Amount Requested from the Louisiana Cultural Economy Relief Program _____

Please answer the following series of questions.

Have you applied to FEMA? yes no
If no, why not?

If yes, give date registered _____, FEMA registration number _____ and amount received from FEMA \$ _____.

Have you applied to the Small Business Administration? yes no
If no, why not?

If yes, what have been the results?

Has your group applied to (or received funds from) any Katrina related relief fund? yes no
If yes, amount received \$ _____.

Has your group applied to (or received funds from) any other source, including banks? yes no
If yes, please give details.

Does your group have insurance, which covers some or all of your damage and loss? yes no
If yes, please detail what was claimed, what was covered and for how much. If necessary, please use an additional page to answer.

Attachments listed in the "How To Apply" section of the guidelines must accompany this application. If, as a result of the hurricanes, the documents required are not accessible, please call 225-342-8196. A form will be provided to your group that must be submitted in lieu of such documents.

Note: If your group has already provided any other agency or lender with documentation of losses, submit a copy of what your group has already submitted to others.

This application must be signed by the Executive Director or authorized staff member.

I certify that all information submitted herewith or in connection hereto is accurate to the best of my knowledge.

I authorize the LA CE Foundation to share this information with other potential funding sources.
(Optional)

signature

print name

date