



Carnival Association of Long Beach Grant Request

Purpose

The purpose of the Carnival Association of Long Beach (CALB) is to benefit the educational and charitable opportunities along the Mississippi Gulf Coast.

Eligibility

All applicants must meet the following requirements:

- **Copy of IRS §501(c)(3) ruling.** Organizations must be exempt under **§501(c)(3)** of the Internal Revenue Code, **only one request per exempt organization**. If organization has multiple programs, only one application may be submitted outlining which programs are to be covered by the grant request.
- Program of work must benefit individuals/organizations along the Mississippi Gulf Coast.
- A complete description of the program with expected outcomes and timelines for requested funds
- Provide information on how members of your organization participated in CALB events during the last year.
- Applicants must should include the organizations website, a brochure, business card, and/or flyer that describes their organization.
- Applications must be typed.

Fund Disbursement

Due to limitations in available funds, not all requests for funding may be met during this grant period.

Applications may be submitted in any of the following ways:

Via e-mail: calb1960@gmail.com
By mail: Carnival Association of Long Beach
PO Box 120
Long Beach, MS 39560

CALB will make every effort to review grant requests as fast as possible. While a request is under review, applicants may be contacted for additional information or clarification. Funds are typically distributed in April. Granting of funds is not guaranteed.

Grant recipients must acknowledge that the award will be used only as described in the request.

Applications are due by March 1, 2024



Carnival Association of Long Beach Grant Request Application

Please limit your responses to no more than three (3) pages including the grant request application. A copy of your determination letter from the IRS must be included.

Date: ___/___/___ Date Organization Originated: ___/___/___

Organization Name

Contact Person

Address

City

State

Zip

Website

Phone#

Email Address

1. Has your organization received funds from CALB in the past?
 - a. If yes, please give the years and how the proceeds were utilized.
2. What is the mission or vision of your organization?
3. Which events of this year's CALB season did you or any organization member attend or assist with?
4. Has anyone in your organization been severed on the CALB Board, Teams, Court or Past Royalty? Please give names and years to the best of your ability.
5. Describe in detail the specific program of work for which your organization is requesting funds. Include anticipated outcomes and a timeline for the use of funds.
6. Is your organization willing to assist CALB with events including but not limited to set up, breakdown, providing volunteers and assisting as needed at various events throughout the fundraising season? Please give the best contact information in order for CALB to reach out for assistance.

Submitted by

I certify that any funds received by CALB will only be used as described in the application above and will not be used for any other purposes.

Signature _____ Date _____

Print name _____ Position in the organization _____