



## Grant Application Instructions

The Laurel Ridge Foundation's signature event, Derby Day for Charity, held on May 4, 2023, held at The Barn at Ligonier Valley, was a huge success! Therefore, the Laurel Ridge Foundation, LLC has grant money to distribute to other qualified 501(c)3 organizations in Western Pennsylvania. We have been informed about your organization and we cordially invite your organization to apply for one of this year's grants.

To apply, please email a letter of inquiry and a completed application form to [LaurelRidgeFoundation@gmail.com](mailto:LaurelRidgeFoundation@gmail.com) by **November 20, 2024**. Please include your email and mailing address as you will be notified once your inquiry has been received. All applicants must be a designated 501(c)3 charity. Preference will be given to those charities that benefit Western Pennsylvania within the guidelines of our mission. If necessary, a representative from Laurel Ridge Foundation, LLC, may contact you to discuss your proposal in greater detail.

The Laurel Ridge Foundation, LLC, does not generally award grants for general operating purposes, sectarian purposes, private or parochial schools, political action groups or individual public schools.

Please direct all communications to:

Laurel Ridge Foundation, LLC  
PO BOX 206  
Youngstown, PA 15696

Phone: 724-610-3323  
Email: [LaurelRidgeFoundation@gmail.com](mailto:LaurelRidgeFoundation@gmail.com)

Thank you for all the good your organization does for our neighbors.



## LAUREL RIDGE FOUNDATION, LLC GRANT APPLICATION FORM

Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_ Director's Email: \_\_\_\_\_

Address (principal/administrative office):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Project Name: \_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_

Briefly outline your Project/Program:

\_\_\_\_\_  
\_\_\_\_\_



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