



**Individual / Family Application**

Completed applications must be emailed in a single PDF file to [donations@lookingoutfoundation.org](mailto:donations@lookingoutfoundation.org). Please complete all the information below. You may also include a cover letter detailing the situation and why you are seeking support.

**1. Information about the Applicant:**

Applicant Name (also referred to as “you”):

Address:

Telephone:

E-mail:

Website / URL to personal social media accounts:

Do you, your family, or your business have prior or current family or business relationship with the Looking Out Foundation or its directors, officers, employees, or substantial contributors? If yes, please describe the relationship.

**2. Reason for application and details of request:**

Names and ages of your household members, including children and dependents (if applicable):

Name:	Contact:	Website / URL to personal social media accounts:

What are your direct COVID-19 related emergency needs?

How can we help you with your direct COVID-19 related emergency needs?<sup>1</sup>

What is your financial situation and financial need?

What evidence do you have showing your financial situation and financial need (please include any documented evidence as an attachment)?

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<sup>1</sup> Distributions from the Looking Out Foundation may not be made for payments for expenses otherwise paid for by insurance or other reimbursements, or income replacement payments, such as payments of lost wages, lost business income, or unemployment compensation.

How would you use our assistance (e.g., if we provide a grant of funds or a gift card)?

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Please write a short and concise paragraph further explaining how we can help and any additional information you would like us to know about this request—try to be specific.

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If you are requesting a grant of funds, please specify the requested amount (**please note, the maximum monetary value of any assistance we can offer per household is \$1,000**):

Amount Requested:
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Please list and attach any additional supporting documents verifying your request (newspaper/internet articles, doctor’s note, estimate of costs, photos of you and your family that you are willing to share, etc.):

Supporting Documents:

Please list and attach contact information for third party persons familiar with the situation (preferably contact information for support groups, church, school teachers, or service administrators):

Name:	Contact Info:	Website / URL:

Names and contact information for other organizations you have contacted to seek help. Please provide links to any online fundraisers, government grants/assistance and/or other sources of assistance/funding you or your household members have received:

Organization/Source Name:	Contact:	Website / URL:

### **3. Sharing Your Story:**

The Looking Out Foundation occasionally shares giving stories with our community to engage and inspire our supporters. Please check the boxes below if you would prefer that the Applicant’s story remain private when the Looking Out Foundation shares giving stories with our community.

- Please keep the written information in this application private.
- Please keep pictures provided in this application private.
- Please anonymize our names.

### **4. Conditions of Grant and Completion of this Application:**

If you receive a grant of funds or other assistance (the “Grant”) from the Looking Out Foundation, you certify and agree, as a condition of accepting the grant of funds or other assistance, that:

- You are an individual in need of financial assistance because of a federal disaster;
- The Grant shall be used exclusively for purposes described in this application;
- No part of the Grant shall be used (or earmarked to be used) in any attempt to influence legislation;
- No part of the Grant will be used to participate in or intervene in any political campaign on behalf of or in opposition to any candidate for public office, to induce or encourage violations of law or public policy, to cause any private inurement or improper private benefit to occur, or to take any other action inconsistent with Internal Revenue Code Section 501(c)(3);
- You will defend, indemnify and hold harmless the Looking Out Foundation and the Looking Out Foundation’s officers, directors, agents, employees, and contractors from and against all claims, demands, payments, suits, actions, proceedings and judgments of every nature and description, including attorneys’ fees and costs, presented, brought or recovered against the Looking

Out Foundation for or on account of any liability arising out of your use or administration of the Grant and any liability arising out of any omission or action in connection with the Grant of the Applicant or an individual affiliated with you;

- You agree to maintain records in a manner that adequately shows the use of the Grant exclusively for the purposes described in this application and to make such records available to the Looking Out Foundation upon request--such records shall be maintained for a minimum of seven (7) years after the complete expenditure of the Grant;
- No goods or services have been (or will be) received by the Looking Out Foundation in return for the Grant;
- You will return to the Looking Out Foundation any portion of the Grant that is not used for the purposes described in this application;
- You give the Looking Out Foundation permission to contact third party persons or organizations listed in this application;
- You give the Looking Out Foundation permission and authority to share information provided in this application, including written information and stories, except as specified above in Section 3 of this application;
- If information provided in this application changes as of the date of any Grant arising from this application, you must inform the Looking Out Foundation of such changes prior to accepting any Grant; and
- **You certify that you are eighteen (18) years of age or older.**

The Applicant (also referred to as “you” throughout this application) through the signature of the Applicant below, certifies that this application is complete and accurate and the Applicant agrees to the conditions of this application effective as of the date below and effective as of the date of any Grant arising from this application.

Signature of the Applicant: \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_

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



**Looking Out Foundation**  
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