



## Life's Plan Inc. Charitable Fund Proposal Application

Proposal in Response to: (give specific focus or topic area)

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Name and Title of Contact Person:

Name of Organization or Individual Applying for funds:

Legal Status of the Organization:

Address:

Telephone (s): Voice --

Fax --

TDD --

E-mail address:

Brief Description of the Organization (if applicable)

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### Information about the Proposal

Brief Description of Project:

Brief Description of how Funds will be used:

Low- income individuals with developmental disabilities to be served:

**Indemnification**

If applicant is awarded monies from the Charitable Fund, the applicant agrees to indemnify and hold harmless Life's Plan, Inc., its officers, employees, representatives, and agents (the "Indemnities") from and against any loss, damages, judgment, award, cost and expense (including any reasonable attorneys, witness or other fees), and defend each Indemnities against any threatened or initiated claim, action, suit, litigation, mediation, arbitration, or proceeding arising from or in connection with (i) your use of the funds (ii) infringement of any intellectual property right you or resulting from your use of the funds, and (iii) any violation of or noncompliance by applicant with any of the Terms and Conditions of the award, and any law, statute, regulation, rule or order.

I hereby certify that I have read and agree with the Indemnification statement above.

Typed Name of Chief Executive Officer:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature, Chief Executive Officer of the Organization

I hereby certify that I have the legal authority to enter into binding agreements on behalf of the applicant organization and that all of the information submitted in this application for funding and proposal is true and accurate, to the best of my knowledge.

Typed Name of Chief Executive Officer:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature, Chief Executive Officer of the Organization