

The ACBL Charity Foundation Grant Application

SUBMISSION INSTRUCTIONS:

Please email the following information to Sabrina Goley (sgoley@acbl.org)

1. A copy of this application form.
2. A copy of your 501(c)(3)
3. A copy of a budget for current (fiscal or calendar) year of organization. *
4. A copy of a project budget for program. *
5. A list of the Board of Directors. Please include the amount of monetary donations or time the board contributes to operation of the organization. **For example:** "X" percentage of the board contributes "X" amount of dollars **AND** "X" percentage of the board contributes "X" amount of hours.
6. Organization's audit for the last complete fiscal year or IRS Form 990.

***Include all revenues and expenses and all sources of financial support (pending and received) and any qualifications, along with termination dates on any financial support.**

ORGANIZATION INFORMATION:

1. Please enter the following requested general information:

Organization's legal name: _____

Also known as: _____

Address: _____

EIN #: _____

Telephone: _____ Fax: _____

Website: _____

Number of personnel who are:

____ Full-time ____ Volunteers (full-time or part-time) ____ Part-time ____ Interns

2. Briefly describe purpose of organization (you may attach a lengthier summary to supplement this section, maximum 1 page):

3. Please enter the following requested financial information:

	<i>F/Y Income</i>	<i>F/Y Expense</i>	<i># Individuals Served</i>
Current Budget Year	_____	_____	_____
Past Year	_____	_____	_____
Second Past Year	_____	_____	_____

PROJECT INFORMATION:

4. Please enter the following requested general project information:

Program/Project Title: _____

Amount requested: _____ to be spent between _____ and _____

Number of individuals to be served: _____

Are matching funds available / will this grant leverage other dollars? ___ Yes ___ No

If yes, from: _____

Please describe basis: _____

Do you plan on partnering with other organizations/businesses to make this project a greater success?

___ Yes ___ No If yes, please name: _____

5. On a separate page, please describe (maximum 1 page):

- a. How specifically grant funds will be used.
- b. The benefits of the project.
- c. The measurable outcomes of the project.

6. On a separate page, please list names and locations of other organizations doing comparable work, if applicable (maximum 1 page)

7. On a separate page, please describe continuing funding arrangements for the program/project for which this grant is sought, if applicable (maximum 1 page)

POST GRANT REQUIREMENTS:

8. ACBL requires all grant recipients to submit a six-month progress report and an annual financial report accounting for grant disbursement.

Signature of principal officer

Title

Date

Please print name above

Project contact person: (please print)

Name: _____

Email: _____

Telephone: _____

Title: _____