



# ACBL CHARITY FOUNDATION GRANT APPLICATION

**SUBMISSION INSTRUCTIONS:**

Please email the following information to Jackie Zayac: [jackiezayac@gmail.com](mailto:jackiezayac@gmail.com)

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. **Forexample:** "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):**

- How specifically grant funds will be used.
- The benefits of the project.
- 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: \_\_\_\_\_