



# GRANT REQUEST APPLICATION

## **SPECIAL ATTENTION**

- *Submission of an application does not guarantee a grant will be awarded*
- *Grants are awarded not to exceed \$5,000*
- *If a grant is awarded, a final report is required detailing how the funds were used.*
- *The report is due within one calendar year of the support or within 60 days of a sponsored event*
- *If applicable, pictures are required*

## **ORGANIZATION INFORMATION**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**YEAR ORGANIZATION WAS ESTABLISHED** \_\_\_\_\_

**501(C)3 STATUS:**     **YES**     **NO**

**ORGANIZATION MISSION:**

**ORGANIZATION CONTACT:** \_\_\_\_\_

(Person to contact for questions regarding application)

**TELEPHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

# **FUNDING REQUEST**

REQUESTED AMOUNT: \$ \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

DESCRIPTION OF PROJECT:

DESIRED OUTCOMES OF THE PROJECT:

TARGET POPULATION TO BE SERVED:

GEOGRAPHIC AREA TO BE SERVED:

WHEN WILL FUNDS BE USED?

## **PROJECT BUDGET**

If AACE does not fund this request in its entirety, can the project proceed with a reduced grant amount?  YES  NO

If yes, how will the reduced funding affect the project as described?

Will the AACE grant be the sole project funding source?  YES  NO

**If yes, identify contributions (foundations, businesses, government and/or individuals) with the amount available for this project.**

|                                   | Foundation               | Business                 | Government               | Individual(s)            |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>(Check which applies)</i>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total amount requested:           |                          |                          |                          |                          |
| Have funds been received?         |                          |                          |                          |                          |
| If not, when will it be received? |                          |                          |                          |                          |

**NOTE:**

Please provide the projected detailed budget for this project, identifying all funding sources and all line items. The budget should be scanned and included with the application.

**PREPARER'S NAME:**

**DATE:**

Submit the completed application and supporting documents to:  
[20aace20@gmail.com](mailto:20aace20@gmail.com)

**IMPORTANT:**

You will be contacted within 30 days of receipt regarding the organizations decision to fund your project.