

**ANC 1A GRANT APPLICATION**

(Please print or type all information)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Name and title of person completing this application: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone: (evening): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact person (if different from above): \_\_\_\_\_

**APPLICANT INFORMATION**

Type of organization (i.e. neighborhood association, PTA, etc.): \_\_\_\_\_

Date organization founded (month/year): \_\_\_\_\_

Membership limitations (if any): \_\_\_\_\_

Is the organization or group incorporated? Yes \_\_\_ No \_\_\_

a. If yes, incorporation date: \_\_\_\_\_

b. Is the incorporation for profit or not for profit: \_\_\_\_\_ EIN# \_\_\_\_\_

Do you have a bank account(s)? Yes \_\_\_ No \_\_\_

a. Name of bank(s): \_\_\_\_\_

b. Account(s) number(s): \_\_\_\_\_

c. Type of account: Saving \_\_\_\_\_ Business Checking \_\_\_\_\_

d. Current account balance(s): \_\_\_\_\_

Have you solicited funds from other organizations or individuals?

a. How much requested? \_\_\_\_\_

b. From whom requested? \_\_\_\_\_

c. How much received or pledged? \_\_\_\_\_

What is the total projected budget for your program and or proposal? \_\_\_\_\_

Have you requested funds from ANC 1A in the past?

Yes \_\_\_ No \_\_\_

a. When requested? \_\_\_\_\_

b. Did ANC 1A grant or deny your request? \_\_\_\_\_

c. How much money or inkind services was requested? \_\_\_\_\_

What specific population of ANC 1A will be served? \_\_\_\_\_

Objectives(s) purpose of your organization: \_\_\_\_\_

\_\_\_\_\_

Specific areas and/or persons served by your organization: \_\_\_\_\_

\_\_\_\_\_

Previous projects and/or accomplishments: \_\_\_\_\_

\_\_\_\_\_

Publicity samples included: Yes\_\_\_ No\_\_\_

### GRANT INFORMATION

Grant amount requested: \_\_\_\_\_

Intended use of grant (please be specific): \_\_\_\_\_

\_\_\_\_\_

Please explain how the intended use of this grant will benefit the residents of ANC 1A: \_\_\_\_\_

\_\_\_\_\_

Supporting Documents (i.e. budget outline, publicity samples, I.D. Number, etc) \_\_\_\_\_

\_\_\_\_\_

Receipts will be furnished as part of follow up: \_\_\_\_\_

Signature of person completing this form:

Signature: \_\_\_\_\_

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

Signature of authorized of organization, (if different from above)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

Amount granted: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_