

ARMSTRONG COUNTY
**COMMUNITY
FOUNDATION**

160 N. MCKEAN STREET
KITTANNING, PA 16201
724-548-5897
WWW.ACCFOUND.ORG

Complete this form on your computer, print, and submit it along with any other requested documents. Grants will not be considered unless all requested materials are included in the packet.

Legal Name of Organization

Date of Application

Is your organization tax-exempt under Section 501 (c) (3) of the Internal Revenue Code? Y N

EIN# _____ - _____

Last Name of individual completing Application

First Name

MI

Mailing Address

City

State

Zip Code

(____) _____ (____) _____
Phone Fax E-mail

Grant Area of Interest:

- Arts & Culture
- Community/Civic Affairs
- Education
- Health
- Human Services
- Other (*please explain*)

Individuals responsible for this project:

- Name _____
- Phone _____
- Email _____
- Name _____
- Phone _____
- Email _____

Total Cost of Project: \$ _____

Amount requested from the Foundation: \$ _____

***Application must be complete & postmarked by July 1,
or it will not be considered.***

Grant Abstract – provide the following information.

Brief Summary of Organization’s History, Mission and Goals

How does the organization work with others providing similar services, or how is it unique?

Brief Project Description

Who and how many will benefit?

Is it a new or ongoing program/project of the organization?

List the program/project goals and objectives.

Describe the timetable for this program to be completed, including projected start and end dates.

Do other organizations provide services similar to your program? If so, why is it important that your agency also provide this service?

If this is a collaborative proposal, how will this organization work with others involved?

Why is this project valuable/necessary?

How will it be funded in the future?

How will you evaluate the success of this project?

Checklist:

One copy of the Grant Application Form (pages 1-5)

One copy of the current IRS determination

One copy of your organization's operating budget for the current fiscal year, including income statement and expenses. Need to send only a summary if possible.

Names and addresses of your Board of Directors and administrative staff.

The Undersigned hereby certify that all information contained in and submitted with this proposal is correct and that this proposal is submitted with the approval of the Board of Directors. This Organization will execute this project if a grant is awarded to us.

Signature of Board Chairperson

Date

Signature of Agency CEO/Executive Director

Date