

**Allegany County Area Foundation
Grant Application
6087 State Route 19
Belmont, NY 14813
585-296-5616**

General Information

Name of Organization _____

Address: _____

Telephone: _____ Email: _____

Federal Tax Exemption I.D. # _____

Name of Person to contact regarding this application: _____

Brief of Application

Title of Program or Project: _____

Amount being requested from ACAF: _____

Projected starting date: _____ Completion date: _____

Budget

In the space below or an attachment, please provide a budget for the entire program or project using the following format, and itemizing the projected revenues and disbursements as accurately as possible. For each revenue source, including those provided by your organization, indicate clearly the portion that has already been received or pledged. (Note: total revenues and total disbursements must balance.)

Revenues:		Disbursements:	
1.	\$	1.	\$
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
Total	\$ _____	=	Total \$ _____

Description of Program or Project

Using the space below or attachments, please provide any additional information that you feel will assist ACAF in evaluating this program proposal. As a guide to completion of this section, you may wish to consider the following questions:

1. What do you see as the principal benefit to your community or clients?
2. Who will be the primary beneficiaries, and indirect beneficiaries if any?
3. What special managerial qualifications and/or resources can your organization provide to ensure successful completion?
4. Will completion complement or duplicate what is now being done?
5. If the program or project will require ongoing funding to operate beyond the completion date, how much will be needed and where will these funds come from?

Date of Application

Authorized Signature and Title

Documents

Please include with the application:

Copy of I.R.S. tax exemption letter

List of Officers, Directors, and Trustees

Copy of most recent financial statement and/or I.R.S. Form 990