

GRANT APPLICATION

Date:

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| Name of Organization: | | |
| Name of Program: | | |
| Address: | | |
| Contact Person/Title: | | |
| Telephone: | Fax: | Email: |
| ACC Grant Request  $ | | |

NARRATIVE (Please limit to this page and no more than two additional pages)

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| 1. | Please give a brief description of your program (background, mission and purpose). |
| 2. | What geographic area of Western Washington does the program serve? |
| 3. | How many children or families does the program serve annually? How many of the clients are children? |
| 4. | Please provide some evidence of the community need for your services? |
| 5. | How will your program address the community needs for children and families? |
| 6. | Specifically, how will ACC funds be used? |

Please enclose your program budget and a report on your last grant, using the form provided. Applicants will be notified of board decisions within eight weeks of the application deadline.

**100 23rd Ave S, Seattle, WA 98144 I (206) 328-5973 I acc@ccsww.org I www.advocacyandcaringforchildren.org**

ACC/Grant Documents/Masterfunding Documents/grantapplication Revised 4/30/20