

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