



**GRANT APPLICATION**

**Date:**

<b>Name of Organization:</b>		
<b>Name of Program:</b>		
<b>Address:</b>		
<b>Contact Person/Title:</b>		
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>ACC Grant Request</b>		
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**NARRATIVE (Please limit to this page and no more than two additional pages)**

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.