



GRANT APPLICATION

Date:

Name of Organization:		
Name of Program:		
Address:		
Contact Person/Title:		
Telephone:	Fax:	Email:
Private Support Budgeted for the program in FY \$	Private Support Received YTD for the program \$	ACC Grant Request \$

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

<p>1 Please give a brief description of your program (background, mission and purpose).</p> <p>.</p> <p>2 What geographic area does the program serve?</p> <p>.</p> <p>3 How many children or families does the program serve annually?</p> <p>.</p> <p>4 Please provide some evidence of the community need for your services?</p> <p>.</p> <p>5 How will your program address the community need? What will it accomplish for children and families?</p> <p>.</p> <p>6 Please provide a timeline for your project.</p> <p>.</p>

7 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. Please submit twelve copies.