



**IMPACT YOUTH GRANTS REQUEST PROCEDURE**

- A. The Grant Application form must be completed in order for ACCF to consider a request. ACCF does not discriminate based on age, gender, race, national origin, religious beliefs, disabilities, sexual orientation, economic circumstances or lifestyle.
- B. **Two copies** of the application and any support documents are due on **February 15**. An interview with the IMPACT Youth Council to discuss your grant proposal following submission is required (notification of interview details are sent following application submission). The ACCF IMPACT Youth Council will review the IMPACT youth grant requests with decisions by April 1, and ratification by the Board of Trustees.
- C. ACCF provides support for: capital campaigns, building and renovation, equipment, project grants, program development, seed money and matching/challenge grants. In general, the Foundation does not support grants to individuals, ongoing operating expenses, annual campaigns, existing endowment funds, cash reserves/debt reduction or religious organizations for religious purposes.
- E. A follow-up report is required within one year should a grant be awarded. Completion of the grant follow-up report is required for eligibility for future ACCF grants.

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**

**IMPACT YOUTH GRANTS APPLICATION**

**DEADLINE: FEBRUARY 15**

**ORGANIZATION** \_\_\_\_\_

**Are you a 501(c)(3)?** \_\_\_\_\_ **EIN Number** \_\_\_\_\_

**If not, explain:** \_\_\_\_\_

**Grant Applicant** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Website** \_\_\_\_\_



**REQUEST DATA**

**Project Name** \_\_\_\_\_

**Amount Requested \$** \_\_\_\_\_ **Total Cost \$** \_\_\_\_\_

**Type of Support:**     Capital Campaign     Building/Renovation     Equipment  
                           Project Grant             Program Development     Seed Money  
                           Matching/Challenge

**PROGRAM/PROJECT DESCRIPTION**

**Describe the specific grant request.**

**Describe the population to be served by the requested grant:**

**Who will benefit directly from the grant (to include age and geographic area)?**

**How many Ashland County youth will benefit directly from the grant?**

**EVALUATION AND RESULTS**

**Clearly state the primary goals of this grant request below to include how the request, if funded, will further the organization's mission.**

**FUNDING PLANS**

**Program/Project-Specific Budget for which you are requesting assistance, including all secured and pending revenue and anticipated expenses. Only include revenue/expenses directly related to the program/project for which you are requesting funding.**

<b>PROGRAM/PROJECT-SPECIFIC BUDGET</b>	<b>Budget (please note if dollars are secured or pending)</b>	<b>Actual (to be completed following grant period)</b>
<b>Revenue Sources</b>		
1. Contributions (list)		
2. Anticipated ACCF Grant Support		
3. Fees for Service from Government and/or Government Grants		
4. Membership Dues		
5. Individual Fees		
6. In-Kind Contributions		
7. Other (list)		
<b>Expenses</b>		
1. Salaries/Benefits/Payroll Taxes		
2. Equipment		
3. Supplies		
4. Travel		
5. Other (list)		

We    **would** /    **would not** accept partial funding of our request for this program/project.

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CONTACT Signature

\_\_\_\_\_  
Date