

# ATTIC ANGEL ASSOCIATION

EXTRAORDINARY *Giving.* EXCEPTIONAL *Living.*

## 2019/20 APPLICATION FOR FUNDING


INSTRUCTIONS: Submit requests and include all of the following information, indicating that which is not applicable to your organization. Proposals received after **October 1** will not be considered, unless mailed and postmarked by October 1.

NOTE: Any funds allocated by Attic Angel Association are intended to be disbursed by the end of our fiscal year, March 31.

★Funds not used in accordance with the grant application must be returned.

★Evaluations must be submitted as requested or your agency will be ineligible for future grants.

Date:
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A. SUMMARY		
Organization Name:	Tax ID #:	
Address		
City:	State:	Zip:
Contact Name:		Title:
Phone:	E-Mail:	Fax:
Project Name:		
Brief Description of Project:		
Amount Requested: \$		
B. PROPOSAL NARRATIVE (Including the following information)		
<b>1. General Information</b> <ul style="list-style-type: none"> <li>List of your Board of Directors</li> <li>Attach IRS Letter of Tax Exemption</li> <li>Have you received funding from AAA before for this program?</li> <li>If so, when and how much?</li> <li>Unique aspects of this program from others in the community</li> </ul>	<b>2. Purpose of Grant</b> <ul style="list-style-type: none"> <li>Description of program/project</li> <li>Need determination</li> <li>Specific goals for this project</li> <li>Measures of success</li> <li>Time line of program/project</li> <li>Number of staff involved</li> <li>Level of volunteer involvement</li> <li>Who &amp; how many will be served</li> </ul>	<b>3. Financial Information</b> <ul style="list-style-type: none"> <li>Project program budget (include timeframe)</li> <li>Other funding sources</li> <li>Current organization operating budget and balance sheet</li> <li>Identify if there is a cost to those served</li> <li>Provisions made for those who cannot pay</li> </ul>
C. CERTIFICATION		
<b>I certify that any grant money received will be used as indicated on this application form.</b>		
 Signed: _____		
D. SUBMIT		
Proposal and this form must be submitted directly to Attic Angel Association at the address below by no later than: <b>October 1</b>		
<b>Attic Angel Association • 640 Junction Road • Madison, WI 53717</b> <b>608-662-8900 • <a href="mailto:angelofc@atticangel.org">angelofc@atticangel.org</a></b>		