

## 2023/24 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.

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

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

Date:	<b>★</b> Evaluations must be submitted as requested or your agency will be ineligible for future grants.		
A. SUMMARY			
Organization Name:			Tax ID #:
Address			
City:		State:	Zip:
Contact Name:			Title:
Phone:	E-Mail:		Fax:
Your Project Name:			
Amount Requested: \$	OCAL NARRATIVE (	ab - C !!	
B. PROPOSAL NARRATIVE (Including the following information)			
1. General Information  List of your Board of Directors  Attach IRS Letter of Tax Exemption  Have you received funding from AAA before for this program?  If so, when and how much?  Unique aspects of this program from others in the community  Which Dane County communities would/will be served by this grant?	2. Purpose of Grant  Description of program/pr  Need determination Specific goals for this pro Measures of success Time line of program/proj Number of staff involved Level of volunteer involve Who & how many will be	ject ect ment	3. Financial Information  • Project program budget (include timeframe)  • Other funding sources  • Current organization operating budget and balance sheet  • Identify if there is a cost to those served  • Provisions made for those who cannot pay
	C. CERTIFICA	TION	
I certify that any grant money received will be used as indicated on this application form.  Signed:			
D. SUBMIT			

Attic Angel Association ● 640 Junction Road ● Madison, WI 53717 608-662-8900 ● angelofc@atticangel.org

Proposal and this form must be submitted directly to Attic Angel Association at the address OR by email no later than: October 1