



## 2025/26 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.

★ If you have received a grant in a prior year, evaluations must be submitted as requested or your agency will be ineligible for future grants.

Date:

A. SUMMARY		
Organization Name:		Tax ID #:
Address		
City:	State:	Zip:
Contact Name:		Title:
Phone:	E-Mail:	Fax:
Your 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><li>Which Dane County communities would/will be served by this grant?</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		
<p>Proposal and this form must be submitted directly to Attic Angel Association at the address OR by email to Brianna Webster, Member Fundraising and Outreach Coordinator no later than: <b>October 1</b></p> <p><b>Attic Angel Association • 640 Junction Road • Madison, WI 53717</b> <b>608-662-8901 • <a href="mailto:brianna.webster@atticangel.org">brianna.webster@atticangel.org</a></b></p>		