



## 2026/27 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 **September 1** will not be considered, unless mailed and postmarked by September 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:
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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		
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>September 1</b>		
<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>		