

# 2016 – ATHENS COMMUNITY FOUNDATION APPLICATION – 2016

Revised August 2016 WORD version... Previous Editions May NOT Be Used

The application process requires that qualified organizations/groups seeking funding answer ALL questions AND attach a detailed, descriptive and legible narrative of the funding request including: a full project description; budget and additional supporting information - all to provide your neighbors on the Advisory Board with a clear explanation of how this project will benefit the residents of the Town and Village of Athens, NY. In addition, please provide a full summary of how prior Athens Community Foundation grants have been utilized in past years by the same organization.

**Please submit 12 copies of the complete Application and Narrative**  
**INCOMPLETE APPLICATIONS MAY BE REJECTED or PRIORITIZED DOWNWARD.**

**APPLICANT LEGAL NAME** (as on your organization's Bank Account) \_\_\_\_\_

Name by which the organization is popularly known, if different \_\_\_\_\_

TYPE of entity: \_\_\_\_\_ OR Circle As Applies: (1) Tax Exempt w/ Tax-Exempt

Number (# \_\_\_\_\_) *TAX Exempt organizations MUST attach a clear copy of their Tax Exempt Certificate;*

(2) Non-profit/Not for Profit; (3) Corporation; (4) Community Benefit; (5) Municipality (if intending to be considered as a governmental agency (i.e. - municipality) for the purpose of funding eligibility, applicant MUST attach a signed copy of a letter of sponsorship from the applicable governmental agency, signed by an authorized government official (i.e. - Mayor, Town Supervisor, County Administrator or Treasurer, etc.))

**CONTACT PERSON-** (Grants will be awarded in December, 2016) Be sure to indicate any expected variances to your organization's leadership by then and be sure we have the correct address to which to then mail the grant.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONEs (518) \_\_\_\_\_ OTHER PH's \_\_\_\_\_

Email addresses (Organization) \_\_\_\_\_

Personal Email \_\_\_\_\_

**IMPORTANT: All grant award checks should be presented to your bank before January 15<sup>th</sup>, 2017 unless Trustees OK any delay.**

## GRANT

Specific Dollar Amount Requested in 2016 (as supported in your narrative) \$ \_\_\_\_\_

**PRIOR** Athens Community Foundation Grants (by year) 2015 \$ \_\_\_\_\_

2014 \$ \_\_\_\_\_

2013 \$ \_\_\_\_\_

2012 \$ \_\_\_\_\_

2011 \$ \_\_\_\_\_

PLEASE REMEMBER THAT YOUR APPLICATION, NARRATIVE AND SUPPORTING DOCUMENTATION WILL STAND, AS WRITTEN, AGAINST A VARIETY OF OTHER APPLICATIONS AS SUBMITTED. PLEASE TAKE THE TIME TO IMPRESS THE ADVISORY BOARD AS TO THE MERITS OF YOUR ORGANIZATION, EVEN IF WELL KNOWN, AS THE FOUNDATION CAN ONLY DISBURSE AS ALLOWED BY THE IRS. **THIS YEAR \$212,537 WILL BE SHARED AMONG ALL GRANT RECIPIENTS.**

**For full consideration of each separate grant request, please submit separate application packages if multiple requests are being made. IMPORTANT: A maximum of 3 separate applications will be considered.**

Please Hand Deliver or Mail ALL Application Material to be received on or before the end of normal business hours on **Tuesday, OCTOBER 25, 2016** to

ATHENS COMMUNITY FOUNDATION  
c/o ATHENS TOWN CLERK  
2 First Street  
Athens, NY 12015

Official Use: Application Complete Y//N Tax Status/Eligibility Y//N Prior Awards Used as Intended Y//N

**PLEASE publically acknowledge our grants, and identify us by our full name (Athens Community Foundation)**