

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 and descriptive 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/ a 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 P#'s _____
Email addresses (Organization) _____
Personal Email _____

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. NEW THIS YEAR: 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 **Monday, OCTOBER 25, 2016** to

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

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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)