

2017 – ATHENS COMMUNITY FOUNDATION APPLICATION – 2017

Revised - August 2017 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. *WHAT IS SUBMITTED IS THE SOLE BASIS USED FOR CONSIDERATION OF A GRANT; GIVE IT YOUR BEST*

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, 2017) 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 (____) _____ OTHER P#'s (____) _____

Email addresses (Organization) _____ @ _____

Personal Email _____ @ _____

IMPORTANT: All grant award checks should be presented to your bank before January 15th, 2018 unless Trustees OK any delay.

GRANT

Specific Dollar Amount Requested in 2017 (as supported in your narrative) \$ _____

PRIOR Athens Community Foundation Grants (by year) 2016 \$ _____
2015 \$ _____
2014 \$ _____
2013 \$ _____
2012 \$ _____

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 \$215,962 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 17, 2017 (an earlier date than last year's)** 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)