****

# GRANT APPLICATION

Date:

Organization/Institution:

Address:

City/State/ZIP:

Name and Title of the Principal Investigator:

Phone: E-mail:

Program or Project Name:

Is your organization/institution:  a U.S. nonprofit IRS 501(c)(3) charity organization

  a Canadian non-profit charitable organization

What are your principle sources of support to date for this project, both received and requested?

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount Received** | **Amount Requested** |
| Foundations | $ | $ |
| Government | $ | $ |
| Earned Income | $ | $ |
| Individual Contributions | $ | $ |
| Institutional Contributions | $ | $ |
| Corporate Contributions | $ | $ |
| Fundraising | $ | $ |
| Other | $ | $ |

Grant amount requested from ADEAGies Foundation: $

For the program or project that you are seeking grant funding, how much of the budget is:

Administrative Cost: $ Programming Cost: $

If needed, use one separate sheet per question to answer questions 1 through 8:

### Describe your program’s mission and goals, how they align with the ADEAGies Foundation’s mission, and which focus area(s) it addresses (see Guidelines for list).

### If approved, how will you use the grant funds specifically?

### How will you measure your program’s or project’s impact, outcome or success?

### List the names and designations of persons and their roles on this project and any organizations and institutions involved with your program or project and how they contribute or are essential to the project.

### Provide an overview of your estimated program or project budget. If your application is approved, a full budget will be required as part of the full proposal.

|  |  |
| --- | --- |
| Personnel Salaries | $ |
| Consultants | $ |
| Conference/Event Expenses (e.g., registration, exhibiting, travel) | $ |
| Office Operations (office supplies and materials, postage and shipping, printing) | $ |
| Other/Miscellaneous | $ |
| **Total** | **$** |

### If a grant is awarded, which of the following are you able to provide from your program or project:

  Participant testimonials

  participant stories

  Conference presentations

  Other

### If a grant is awarded, how will you recognize the ADEAGies Foundation? Include any planned use of signage, official ADEAGies logo, media announcements, etc.

### If your organization/institution has previously applied for a grant from the ADEAGies Foundation (funded or unfunded), please provide information on those applications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year Applied** | **Program or Project Title** | **Applicant Name** | **Institution** | **Amount Requested** | **Amount Awarded** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***By signing below, I certify that all information in this application is true and correct to the best of my knowledge.***

Signature: Date:

Print Name:

### Incomplete applications will not be considered. Be sure to:

* Verify that all sections of the application are complete.
* Sign and date the application.

E-mail the original application to:

ADEAGies-Letter\_of\_Intent@adea.org