

ACM LIFTING LIVES GRANT APPLICATION

Please read our Grant Application Guidelines to make sure your project meets our funding requirements and you understand our notification process.

Do not include any materials other than those requested.

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ease limit this section to 1 single-sided, double spaced sheet)		
1.	Name of Organization:	
2.	Address:	
3.	Phone:	Cell Phone:
4.	Fax:	
5.	Website:	
6.	Tax ID #:	
7.	Contact Name and Title:	
8.	Phone:	Cell Phone:
9.	Email Address:	
10.	Briefly describe your organization, including mission statement, annual budget, and a list of your Board of Directors with professional affiliations.	
11.	. Describe the project for which you or your organization is requesting funding. Include specific information such as goals, objectives, constituency, demographics served, timetable and desired outcomes.	
12.	Please state specifically how the requested funds will be used. Your response should match the attached budget.	
13.	Grant amount requested?	
14.	Total project cost.	
15	Other funding sources? Please list	

- 16. Is this a new opportunity or an existing project?
- 17. What research do you have that demonstrates a need for this project?
- 18. What impact will this project have on your community and how will that impact be measured for outcomes and successes?
- 19. Is this a collaboration with other organizations? Please include letters of commitment from the organizations.
- 20. Is this an ongoing project? What are the plans for future funding of this project?
- 21. Who referred you? In order to help us keep the research community informed about our programs, please let us know where you heard about our grant program and which website/publication you most often frequent for research related information.
- 22. If applicable, please include a copy of your IRS 501(c) (3) tax determination letter as well as a copy of your IRS Form 990 and any audited financial statements for the most recent two (2) years.

Additional Required Documents:

 Itemized budget for the Project – the budget should include specific line items identifying how the requested grant money will be used

MAIL COMPLETED APPLICATION TO:

Tommy Moore ACM Lifting Lives 5500 Balboa Blvd. Encino, CA 91316