**African-American Community Fund Grant Guidelines**

**Application Due Date**

September 30 by 5:00 p.m.

**Step 1: Complete the following application**

* Please use an 11 point font, and do not alter the format of the application.
* Make sure the application is signed by the appropriate parties.

**Step 2: Application Submission**

**ONE ORIGINAL GRANT APPLICATION**

**One (1) original Grant Application Form** signed by the ExecutiveDirector/CEO and the Board Chair and marked “ORIGINAL” (mailed or delivered) AND a copy of the application **emailed no later than 5:00 p.m.** **on Thursday, September 30,** as an attachment to [aacf@daytonfoundation.org](mailto:aacf@daytonfoundation.org).

**Attachments: one copy of each of the following with mailed packet**

Copy of most recent complete audit, including auditor’s notes.  
If the organization does not have an audit, send most recent 990.

IRS Form 990

Copy of your organization’s diversity policy

Please mail, email or hand deliver the application to the attention of:

Lucy Baker, donor relations officer

African-American Community Fund

The Dayton Foundation

1401 Main Street, Suite 100

Dayton, OH 45409

(937) 225-9960

[lbaker@daytonfoundation.org](mailto:lbaker@daytonfoundation.org).

**To be considered, the application package must be complete according to this checklist. The original application packet must be postmarked on or before the deadline date; in addition, the emailed copy of the application below must be sent by the deadline date *and* time (September 30 by 5:00 p.m.). Incomplete or late proposals will not be reviewed.**

**For Additional Information**

Eric Walker-Mabry or Joshua Copeland, AACF Grants Committee Co-Chairs: [aacf@daytonfoundation.org](mailto:aacf@daytonfoundation.org)

Lucy Baker, donor relations officer, The Dayton Foundation: [lbaker@daytonfoundation.org](mailto:lbaker@daytonfoundation.org).

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| **African-American Community Fund Grant Application**  **The**  **The** | | | | | | | | | | | | | |
| **GENERAL INFORMATION** (all fields required) | | | | | | | | | | | | | |
| Organization's Name: | | | |  | | | | | | | | | |
| Federal Tax ID#: | | | |  | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | |
| City: | |  | | | | | | State: |  | | Zip Code: | |  |
| Daytime Telephone: | | | |  | | | | | | | | | |
| Web Site Address: | | | |  | | | | | | | | | |
| Executive Director/  CEO's Name (check one): | | | | |  | | | | | | | | |
| Executive Director/CEO's E-mail Address: | | | | |  | | | | | | | | |
| Organization's Current Budget: | | | | | | | | | | $ |  | | |
| Project/Program Budget: | | | | | | | | | | $ |  | | |
| Requested Grant Amount: | | | | | | | | | | $ |  | | |
| Contact Name for Grant Application: | | | | |  | | | | | | | | |
| Title: | | | | |  | | | | | | | | |
| Daytime Telephone: | | | | |  | | | | | | | | |
| E-mail Address: | | | | |  | | | | | | | | |
| Title of Project/Program: | | |  | | | | | | | | | | |
| State the purpose of your proposal/request in no more than two sentences: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| What is the program area that best applies to this proposal (check one): | | | | | | | | | | | | | |
|  | Arts & Culture | | | | |  | Health | | | | | | |
|  | Environment/Animals | | | | |  | Human Services | | | | | | |
|  | Education & Youth Development | | | | |  | Public/Society Benefit | | | | | | |
| **TERMS AND CONDITIONS** | | | | | | | | | | | | | |
| I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate. I agree to, and fully understand, this form, and I have reviewed the African-American Community Fund’s Guidelines for Grants, and I accept its terms and conditions. | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | |
| Executive Director/CEO’s Signature | | | | | | | | | | | | Date | |
|  | | | | | | | | | | | |  | |
| Board Chair Signature | | | | | | | | | | | | Date | |

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| **PROJECT QUESTIONS** |
| Please answer the following questions. Please use an 11 point font. |

**1. Tell us about your organization. What is your mission and track record? Highlight two or three key facts and accomplishments that best define your organization. Accompanying one-page narrative welcome if additional explanation is warranted.**

**2. Please describe your project. What are the specific activities to be supported? What is your goal? What is the time or time-frame for activities? Accompanying one-page narrative welcome if additional explanation is warranted.**

**3. What geographic area will benefit from the activities for which you are seeking a grant? How did you determine the benefiting area? Accompanying one-page narrative welcome if additional explanation is warranted.**

**4. Who is involved in your project? Briefly describe project leaders and the role that each will play in the project. How is the community engaged in this project? If your project involves partnerships with other organizations, have the proposed partners agreed to participate? Accompanying one-page narrative welcome if additional explanation is warranted.**

**5. How will a grant from AACF impact your project/organization? How exactly will AACF funds be used? Also, if AACF or other funders cannot provide all of the support requested, what is your plan? Accompanying one-page narrative welcome if additional explanation is warranted.**

**6. TOTAL AGENCY BUDGET FOR CURRENT FISCAL YEAR**

**Name of Agency:**

**Time Period:**

|  |  |  |
| --- | --- | --- |
| **REVENUE/SUPPORT** | **Budget For Year** | **Actual Year–To-Date (specify date** **)** |
| Corporate and foundation grants |  |  |
| Government grants and contracts |  |  |
| Contributions and other gifts |  |  |
| United Way |  |  |
| Program service fees |  |  |
| Special events, fundraisers |  |  |
| Other revenue (please list): |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Revenue** | $0.00 | $0.00 |
| **EXPENSES** |  |  |
| Salaries, employee benefits and taxes |  |  |
| Professional fees and/or client assistance |  |  |
| Occupancy/rent |  |  |
| Depreciation |  |  |
| Development/marketing |  |  |
| General operating expenses (please list): |  |  |
|  |  |  |
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|  |  |  |
| **Total Expenses** | $0.00 | $0.00 |
| REVENUE LESS EXPENSES | $0.00 | $0.00 |

**If expenses exceed revenues, please explain how difference will be offset. Accompanying one-page narrative welcome if additional explanation is warranted.**

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**7.** **PROJECT/PROGRAM REQUEST BUDGET**

**Name of Agency:**

**Time Period:**

|  |  |
| --- | --- |
| (*Items typical for operating a program)* | |
| **REVENUE** | **BUDGET** |
| Corporate and foundation grants |  |
| Government grants and contracts |  |
| Contributions and other gifts |  |
| United Way |  |
| Program service fees |  |
| Special events, fundraisers |  |
| Other revenue (please list): |  |
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|  |  |
|  |  |
|  |  |
|  |  |
| **Total Revenue** | $0.00 |
| **EXPENSES** |  |
| Salaries, employee benefits and taxes |  |
| Professional fees and/or client assistance |  |
| Occupancy/rent |  |
| Depreciation |  |
| Development/marketing |  |
| General operating expenses (please list): |  |
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|  |  |
| **Total Expenses** | $0.00 |
| **REVENUE LESS EXPENSES** | $0.00 |

**If expenses exceed revenues, please explain how difference will be offset. Accompanying one-page narrative welcome if additional explanation is warranted.**

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