



# ACBL EDUCATIONAL FOUNDATION

## Grant Request for Programs/Projects Under \$5,000

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**Please download this form, fill it out on your computer, and email the completed form to:  
[Kristen@ACBLEDucationalfoundation.org](mailto:Kristen@ACBLEDucationalfoundation.org)**

### ORGANIZATIONAL INFORMATION

**1. Please enter the following requested general information:**

Organization's legal name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of organization:

EIN #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website address: \_\_\_\_\_

Number of personnel who are: \_\_\_\_\_ Full-time \_\_\_\_\_ Volunteers \_\_\_\_\_ Part-time

How many times have you received a grant from the Educational Foundation? \_\_\_\_\_

**2. Please enter the following requested financial information for your organization:**

	FY Income	FY Expense
Current Budget Year	\$ _____	\$ _____
Previous Year	\$ _____	\$ _____
Year Prior	\$ _____	\$ _____

3. **Personal References** (three required). These should be people who are familiar with your educational efforts related to bridge.

Name	Phone	Email Address

**PROGRAM/PROJECT INFORMATION**

4. **Please describe the purpose of your project/program in detail.** (You may attach a lengthier summary to supplement this section, maximum 1 page.)

5. **Please enter the following additional project/program information:**

Program/Project title: \_\_\_\_\_

Amount requested: \_\_\_\_\_ to be spent between \_\_\_\_\_ and \_\_\_\_\_

How funds will be used specifically: \_\_\_\_\_

Estimated number of individuals to be served: \_\_\_\_\_

Are matching funds available? Will this grant leverage other dollars? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, from whom?: \_\_\_\_\_

Please describe: \_\_\_\_\_

Do you plan on partnering with other organizations/businesses to make this project a greater success?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please name: \_\_\_\_\_

**6. Proposed Project Allocations:**

Program Expenses	What amount would be supported by the Educational Foundation grant?	What amount would come from other support (matching funds, other grants, etc.)?	Total Amount

**7. Goals:**

Projects that have clear, measureable goals are more likely to accomplish them. What are your specific goals for the project (*you may list up to 3*)? How will you measure each of them? You will be reporting on these goals in your **Project Summary and Evaluation Form** which is required one month after your project is completed. (*Please submit a separate page if your information does not fit into the table.*)

Goal	Description	How will you measure it?
1.		
2.		
3.		

**Please explain:** Now that you have stated your goals and how they will be measured, what would “Very Successful” look like? What would “Somewhat Successful” and “Not Successful” look like?

Goal	Very Successful	Somewhat Successful	Not Successful
1.			
2.			
3.			

**8. Other Comments:** Please provide any additional information that could help us make our decision.

**9. Application Submission:**

Email your application to: [Kristen@ACBLEducationalfoundation.org](mailto:Kristen@ACBLEducationalfoundation.org)

**Please include the following items with your grant submission:**

1. A copy of your 501(c)(3)
2. A copy of your organization’s audit for the last complete fiscal year *or* IRS Form 990
3. A list of your current board of directors

*Please indicate which are active members of your organization.*

Do all your board members contribute to the financial operations of the organization?

\_\_\_\_\_Yes      \_\_\_\_\_No

**10. Process:**

Within two weeks of submitting the application, the Grant Administrator will send you via email a confirmation that it was received. (If you do not receive a confirmation, please contact the Grant Administrator at: [Kristen@ACBLEducationalfoundation.org](mailto:Kristen@ACBLEducationalfoundation.org).)

The Grant Administrator will also contact you prior to the next Educational Foundation meeting to discuss your application. Finally, at the completion of the Educational Foundation meeting the Grant Administrator will let you know by phone and email how your application fared.

**If the grant is approved, to whom should the check be made payable?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**POST GRANT REQUIREMENTS**

**11. If your application is approved, you are required to submit an Interim Progress Report and a Final Project Summary to the Educational Foundation no later than ONE MONTH after program/project is completed. (Find forms under "How to Apply" on this website)**

We hope the information gleaned from these forms will help those who are working to bring the game of bridge to others.

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*Signature of principal officer* *Title* *Date*

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*Please print name above*

**Project contact person:** *(please print)*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Title: \_\_\_\_\_