



ACBL EDUCATIONAL FOUNDATION

Grant Request for Programs/Projects Over \$5,000

**Please download this form, fill it out on your computer, and email the completed form to:
Berkmb5@gmail.com**

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 (e.g., Advertising, Equipment, etc.)	\$ requested from ACBLEF	\$ support from other sources	TOTAL AMOUNT
TOTAL:			

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.

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9. Application Submission:

Email your application to: Berkmb5@gmail.com

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, Michael Berkowitz, the Program Committee Chair/ Grant Administrator will send you via email a confirmation that it was received. (If you do not receive a confirmation, please contact Michael Berkowitz at: Berkmb5@gmail.com.)

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.

Signature of principal officer	Title	Date
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Please print name above

Project contact person: (please print)

Name: _____

Email: _____

Phone: _____ Title: _____