



Community Award/Grant Application & Instruction

MUST BE TYPED

Full Name of the Organization _____

President _____ Phone #s (1) _____ (2) _____

Permanent Mailing Address: _____

Email Address _____

Chairperson _____ Phone #s (1) _____ (2) _____

Email Address _____

Number of members in organization _____

Organization Address _____

Program Name: _____

Program Day(s) & Date(s): _____

Program Location(s): _____

Program Time(s): _____ Estimated Attendance: _____

Has this program been held before? _____ When? _____ Attendance? _____

Is this event a fund-raiser/income generating program? _____

If yes, what are the ticket/admission prices (requested donations / entry fees)? _____

BUDGET SUMMARY:

1. Total Cost of Program \$ _____

2. Source of funding

Organization's contribution	\$ _____
Individual Members' contribution	\$ _____
Donations/Entry Fees	\$ _____
Sponsors	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Amount Requested from ILECF	\$ _____

3. Total Funding \$ _____

(TOTAL COST OF PROGRAM SHOULD EQUAL TOTAL FUNDING)

Please respond in some detail to the following questions.

1) Please give a description of your program.

2) Who is the target audience?

3) How do you plan to advertise the program?

4) Please describe how this activity fits in with your organization's mission.

Budget Information for Program:
*** List ALL costs for the program.**

BUDGET CATEGORIES (A)	Total Costs per Category (B)	Amount Requested from ILECF (C)	Amount Allocated by ILECF (D)
<u>Advertising:</u> Newspaper # of ads _____ size(s) _____ Publication date(s): _____	\$ _____	\$ _____	\$ _____
<u>Fliers:</u> Quantity: _____ Cost/copy: \$ _____	\$ _____	\$ _____	\$ _____
<u>Banners:</u> Quantity: _____ Cost/copy: \$ _____	\$ _____	\$ _____	\$ _____
<u>Other:</u> _____	\$ _____	\$ _____	\$ _____
<u>Contracts:</u> (specify) Performer/Speaker Fees Name: _____ # of appearances: _____ Performance time: _____ <u>Other:</u> _____	\$ _____	\$ _____	\$ _____
<u>Security</u> _____ \$ _____ # of Officers X Cost X Hours	\$ _____	\$ _____	\$ _____
<u>Room Rental</u> Name of room: _____	\$ _____	\$ _____	\$ _____
<u>Audio/Visual Rental</u> Equipment: _____ Cost/Item \$ _____	\$ _____	\$ _____	\$ _____
<u>Custodial Services:</u> \$ _____	\$ _____	\$ _____	\$ _____
<u>Physical Plant Services:</u> Type: _____ Cost: \$ _____ Other: _____	\$ _____	\$ _____	\$ _____
<u>Other Expenses:</u> (List the total from table 2 on page 4) _____	\$ _____	\$ _____	\$ _____
<u>Total Amount:</u>	\$ _____	\$ _____	\$ _____

BUDGET CATEGORIES (A)	Total Costs per Category (B)	Amount Requested from AFB (C)	Amount Allocated by AFB (D)
Other Expenses: (List/Describe) _____ _____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Total Amount:	\$ _____	\$ _____	\$ _____

Must have signatures of President/Chairperson and Advisor (if any).

ILECF vote: ___ Yes ___ No ___ Abstain or Tabled ___

By signing, I certify that I have read and understand the Ivy League Educational and Charities Foundation Request Policies and Procedures. I further understand that my organization is responsible for complying with each of these policies and procedures.

President/Chairperson: _____ Date: _____
Name (Typed) Signature
