



Appalachian Community Fund

Technical Assistance Application

APPLICATION DEADLINE: No Deadline

However, please allow at least three weeks to process the request.

Email: grants@appalachiancommunityfund.org

Please read the application instructions before you begin. To complete the cover page and budget, click in the blank gray spaces and begin typing. Use the mouse to move between fields.

Organizational Background

Organization Name	Click here		County	Click here		Date	Enter date	
Address	Click here		City, State	Click here		Zip Code	Click here	
Phone Number	Click here		Fax Number	Click here		Website	Click here	
Org. Email	Click here		Facebook	Click here		Twitter	Click here	
Contact Person (include title)	Click here							
Contact Phone Number	Click here			Contact Email	Click here			
Do you have 501(c)(3) status?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list your EIN	Click here				
If no, list your Fiscal Sponsor's name	Click here							
Fiscal Contact Person and Address	Click here				Fiscal EIN	Click here		
Fiscal Phone	Click here			Fiscal Email	Click here			
Current Fiscal Year Budget	\$Click here			Project Budget	\$Click here		Requested Amount	\$Click here
Does your work address a new or an emerging issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No			How long have you been doing this work?	Click here			
Key issues that your organization/project is addressing:								
<input type="checkbox"/> Leadership development	<input type="checkbox"/> Fundraising; planned giving;	<input type="checkbox"/> Board responsibilities and roles	<input type="checkbox"/> Long range planning	<input type="checkbox"/> Financial management/planning				
<input type="checkbox"/> Legal issues, e.g., non-profit incorporation	<input type="checkbox"/> Community organizing	<input type="checkbox"/> Informing community/media about work	<input type="checkbox"/> Training fees, materials, and travel	<input type="checkbox"/> Other				
Summarize Your Proposal: (Do not refer us to your proposal – your proposal MUST be summarized here.) Your summary should include: who you are, your primary constituents, the systemic issues you are addressing, and the change you want to see because of your work. Approximately 150 words								
Click here to enter text.								

Budget Information

Please fill in your budget information below.

EXPENSES Year	Most Recently Completed Budget	Current or Projected
Salaries/Wages	\$Click here	\$Click here
Benefits/Taxes	\$Click here	\$Click here
Consultants/Stipends	\$Click here	\$Click here
Rent/Utilities	\$Click here	\$Click here
Office Supplies	\$Click here	\$Click here
Telephone	\$Click here	\$Click here
Postage/Mailing	\$Click here	\$Click here
Printing/Copying	\$Click here	\$Click here
Equipment	\$Click here	\$Click here
Travel/Transportation	\$Click here	\$Click here
Meetings/Conferences	\$Click here	\$Click here
Other, please specify	\$Click here	
1. Click here	\$Click here	\$Click here
2. Click here	\$Click here	\$Click here
Total Expenses	\$Click here	\$Click here
INCOME	Most Recently Completed Year	Current or Projected Year
Foundation Grants	\$Click here	\$Click here
Corporate Donations	\$Click here	\$Click here
Individual Donations	\$Click here	\$Click here
Government Grants/ Contracts	\$Click here	\$Click here
Membership Dues	\$Click here	\$Click here
In-kind Contributions	\$Click here	\$Click here
Fees for service	\$Click here	\$Click here
Other, please specify:	\$Click here	
1. Click here	\$Click here	\$Click here
2. Click here	\$Click here	\$Click here
Total Income	\$Click here	\$Click here

List your confirmed grants/corporate donations and award amounts for the current fiscal year below.

1. Click here
2. Click here
3. Click here
4. Click here
5. Click here
6. Click here

List your pending grants/corporate donations and awards for the current fiscal year and their amounts below.

1. Click here
2. Click here
3. Click here
4. Click here
5. Click here
6. Click here
7. Click here

BUDGET NARRATIVE

1. **Please provide a brief** explanation of how the money from this grant will be used.

Click here

Board and Staff Information

Leadership: List the <u>number</u> of board, staff, or key volunteers for each demographic below and the number of members. <i>**Please use numbers, not percentages. Please note that numbers do not have to add up to the total**</i>										
	People of color	Low-income	Youth	Seniors	Immigrant	Disabled	LGBTQ	Women	Transgender or gender nonconforming	Total
Board	Click here	Click here	Click here	Click here	Click here	Click here	Click here	Click here	Click here	Click here
Staff/core volunteers	Click here	Click here	Click here	Click here	Click here	Click here	Click here	Click here	Click here	Click here
Total Number of Members/People in your base:										Click here
<i>Please do not leave blank.</i>										
Total Number of Active Members/People who are actively involved on a day-to-day basis in your work:										Click here
<i>Please do not leave blank.</i>										
Constituents: Indicate the <u>percentage breakdown</u> of the constituents served by your organization. <i>** Please use percentages, not numbers here. Please note that percentages do not have to add up to 100% **</i>										
	People of color	Low-income	Youth	Seniors	Immigrant	Disabled	LGBTQ	Women	Transgender or gender nonconforming	
Constituents/ People in your base	Click here %	Click here %	Click here %	Click here %	Click here %	Click here %	Click here %	Click here %	Click here %	

Board of Directors: List the board/key volunteers' name, and their position.	
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PROPOSAL NARRATIVE

Your proposal narrative must be no more than two pages; additional pages will not be reviewed. Attach a Word Document or PDF file answering the following questions. Please include numbers and questions with each section.

Proposal Narrative

1. Briefly describe your organization's mission and recent achievements and challenges. Please describe how your organization or project fits in ACF's definition of social change. Describe the most important coalitions, collaborations, or networks that you participate in as part of social change work.
2. Describe your training/project needs.
3. Who will provide the training or lead the project?
4. Please list your goals or desired outcomes from the training/project. (What are you trying to accomplish, both within your organization and in Central Appalachia?) Please be specific and include measurable outcomes (e.g. number of members recruited, number of leaders developed, specific institutional change – whatever is appropriate for your work).
5. How will the training/project move your organization forward and how will the constituency benefit? 6. How will you know if you are successful in meeting your goals? (How do you evaluate your work?)

Additional Attachments

- 501(c) 3 letter OR a letter from your fiscal sponsor stating their willingness to be your agent with a copy of their IRS letter.
- Your most recent audit, ***if you have one***. If you have never had an audit, instead include a statement to that effect.

Optional information:

- Your newsletter or other supporting material. Do not send more than one copy of each and send no more than five items total.