African-American Community Fund Grant Guidelines

Application Due Date

April 22, 2025 by 5:00 p.m.

Step 1: Complete the following application

- Make sure the application is signed by the appropriate parties.
- Requests can be between \$500 \$3,000

Step 2: Application Submission

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

African-American Community Fund Attention: Gala Committee The Springfield Foundation 333 N Limestone Street #201 Springfield, OH 45503 (937) 324-8773 aacfspringfield@gmail.com

To be considered, the application package must be completed according to this checklist. The application must be postmarked on or before the deadline date or emailed to the address below by the deadline date *and* time (<u>April 22, 2025 by 5:00 p.m.</u>). Incomplete or late proposals will not be reviewed.

For Additional Information

Tyra L. Jackson, AACF Committee Chair: aacfspringfield@gmail.com or 937-925-0440

GENERAL INFORMATION (all fields required) Organization's Name: Ged-ral Tax ID#:	African-American	Community Fu	nd Gra	nt Applica	tion		
Federal Tax ID#: Mailing Address: State: Zip	GENERAL INFORMAT	TION (all fields require	ed)				
Mailing Address: City: State: Zip Daytime Telephone: Web Site Address: Executive Director/ CEO's Name (check one): Executive Director/CEO's E-mail Address: Organization's Current Budget: Requested Grant Amount: Requested Grant Amount: SCONTACT 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 Brivinonment/Animals Human Services Education & Youth Development Health Human Services FIERMS 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	Organization's Name:						
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Board Chair Signature Date	Executive Director/CEO's Signature					Date	
Board Chair Signature Date							
	Board Chair Signature					Date	

PROJECT QUESTIONS
Please answer the following questions.
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.
2. Please describe your project. What are the specific activities to be supported? What is your goal? What is the time or timeframe for activities?
2. How will a grant from AACE impact your project/organization? How much are you
3. How will a grant from AACF impact your project/organization? How much are you requesting? How exactly will AACF funds be used? Also, if AACF or other funders cannot provide all of the support requested, what is your plan?