

# **African-American Community Fund Grant Guidelines**

## **Application Due Date**

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

## **Step 1: Complete the following application**

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

## **Step 2: Application Submission**

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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 (April 22, 2025 by 5:00 p.m.). Incomplete or late proposals will not be reviewed.**

## **For Additional Information**

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Tyra L. Jackson, AACF Committee Chair: [aacfspringfield@gmail.com](mailto:aacfspringfield@gmail.com) or 937-925-0440

<b>African-American Community Fund Grant Application</b>									
<b>GENERAL INFORMATION</b> (all fields required)									
Organization's Name:									
Federal Tax ID#:									
Mailing Address:									
City:						State:			
Daytime Telephone:									
Web Site Address:									
<input type="checkbox"/> Executive Director/		<input type="checkbox"/> CEO's Name (check one):							
Executive Director/CEO's E-mail Address:									
Organization's Current Budget:						\$			
Project/Program Budget:						\$			
Requested Grant Amount:						\$			
Contact 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):									
<input type="checkbox"/> Arts & Culture		<input type="checkbox"/> Health							
<input type="checkbox"/> Environment/Animals		<input type="checkbox"/> Human Services							
<input type="checkbox"/> Education & Youth Development		<input type="checkbox"/> Public/Society Benefit							
<b>TERMS AND CONDITIONS</b>									
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	
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?**

**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?**