

AFRICAN AMERICAN COMMUNITY FUND (AACF)
GRANT REQUEST

333 N. Limestone Street, Suite 201, Springfield, Ohio 45503 • Telephone: 937-324-8773
www.springfieldfoundation.org

Organization Name: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____ Telephone: _____

Contact Person, Title: _____

Organization Information

Please write a brief description of your organization, its mission, and years in existence.

Dollar Amount Requested: \$ _____ (Not to exceed \$3,000)

Is organization a 501(c) (3) organization? ___ Unit of Government? ___ Church? ___ Public School? ___

If your organization is applying for the first time or if your organization has not applied in the last five years, a copy of your 501(c) (3) determination letter must accompany this application. If this application involves a fiscal agent, that agency must be identified with its determination letter attached.

Identify Your Program or Project Title: _____

Provide a description of the program or project activities. You may attach additional pages if needed.

Authorized Signature

Title

Printed Name

Date

For more information, please contact Dr. Raphael Allen, Springfield Foundation at 937-324-8773 or
raphael@springfieldfoundation.org. Upon final review by the AACF Committee, organizations may be required to
present additional information before being approved for funding.