**The University of Alabama**

**Greek Week 2017 Grant Application**

The University of Alabama Greek community strives to give back to and support not only The University of Alabama, but also the city of Tuscaloosa and the state of Alabama. Greek Week is held every spring to unite organizations from the four governing Greek councils at The University of Alabama through activities, competitions, and community service projects. The purpose of this week is to raise funds to benefit local and national non-profit organizations in and around the Tuscaloosa area. Given annually, Greek Week Grants benefit a wide variety of causes that impact the Tuscaloosa community. Organizations that are in need of funding to keep their current projects and programs running, or wish to implement a new project or program are encouraged to apply for a Greek Week 2017 Grant up to $5,000.00. If you have any questions about this form or the application process please contact Asha Fuller at aafuller@crimson.ua.edu. Send completed applications to bamagpbphilanthropy@gmail.com by March 27, 2017.

**Basic Information**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Organization (Should be the same as on IRS determination letter and as supplied on IRS Form 990): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_Current Annual Operating Budget: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title (if different from Executive Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organization Mission Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Program or Project**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary (one sentence statement of proposed project or program): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overview (purpose, objectives, goals, how project relates to funder’s priorities): \_\_\_\_\_\_\_

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Description (target population, specific action plan, timeframe and duration):

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Implementation (qualifications for executing proposed project expected outcomes, how effectiveness will be monitored and evaluated, plan for continuance at conclusion of requested funding):

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Program/Project Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total Program/Project Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Amount Requested (cannot exceed $5,000.00): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other private and public funding sources:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Beginning and Ending Dates of the Program/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. The tax-exempt status of this Organization is still in effect,
2. This Organization does not support or engage in unlawful activities, and
3. If a grant is awarded to this Organization, the proceeds of that grant will not be used for unlawful purposes.

*Signatures:*

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President, Board of Directors Date

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Executive Director Date