# AcenTek Foundation Donation Application Form

You may reproduce this form.

**ORGANIZATION INFORMATION**

Name of organization:       Legal name, if diﬀerent:

Address:       City, State, Zip:       Phone:       Website:       Federal Identiﬁcation Number:

Contact person (name & title):

Phone:       Email:

Is your organization an IRS 501(c)(3) not-for proﬁt?  Yes  No  
 *If no*, is your organization a public agency/unit of government?  Yes  No

**PROPOSAL INFORMATION**

Please give a 2-3 sentence summary of request:

Population served:       Geographic area served:

Funds are being requested for (check one):   
 General operating support  Start-up costs  Capital  
 Project/program support  Technical assistance  Other (list)

Project dates (if applicable)       Fiscal year end:      

**BUDGET**

Dollar amount requested: $

Total annual organization budget: $

Total project budget (for support other than general operating): $

**AUTHORIZATION**

Name & title of top-paid staﬀ or board chair:        
Date:       **Signature:**

**Mail completed application and paperwork to: AcenTek Foundation,**

**PO Box 360, Houston, MN 55943-0360**

*Application #: Donation amount: Date processed:*

**OFFICE USE ONLY**

# AcenTek Foundation Donation Application Form

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**PROPOSAL NARRATIVE**

Please use the following outline as a guide to your proposal narrative. Also, include a cover letter with your application that introduces your organization and proposal.

1. **ORGANIZATIONAL INFORMATION**
2. Brief summary of organization history, including the date your organization was established.
3. Brief summary of organization mission and goals.
4. Brief description of organization’s current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or diﬀerent activities, if any, for your organization.
5. Your organization’s relationship with other organizations working with similar missions. What is your organization’s role relative to these organizations?
6. Number of board members, full-time paid staﬀ, part-time paid staﬀ and volunteers.
7. **PURPOSE OF GRANT**

*General operating proposals*: Complete section A below and move to Part III - Evaluation.

*All other proposal types*: Complete section B below and move to Part III - Evaluation.

**A. General Operating Proposals**

1. The opportunity, challenges, issues or need currently facing your organization.
2. Overall goal(s) of the organization for the funding period.
3. Objectives or ways in which you will meet the goal(s).
4. Activities and who will carry out these activities.
5. Time frame in which this will take place.
6. Long-term funding strategies.

**B. All Other Proposal Types**

1. Situation
   1. The opportunity, challenges, issues or need and the community that your proposal addresses.
   2. How that focus was determined and who was involved in that decision-making process.
2. Activities
   1. Overall goal(s) regarding the situation described above.
   2. Objectives or ways in which you will meet the goal(s).
   3. Speciﬁc activities for which you seek funding.
   4. Who will carry out those activities.
   5. Time frame in which this will take place.
   6. How the proposed activities will beneﬁt the community in which they will occur, being as clear as you can about the impact you expect to have.
   7. Long-term funding strategies (if applicable) for sustaining this eﬀort.
3. **EVALUATION**
4. Please describe your criteria for success. What do you want to happen as a result of your activities? You may ﬁnd it helpful to describe both immediate and long-term eﬀects.
5. How will you measure these changes?
6. Who will be involved in evaluating this work (staﬀ, board, constituents, community, consultants)?
7. What will you do with your evaluation results?

**Attachments**

Generally, the following attachments are required:

* 1. Finances
     + Most recent ﬁnancial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
     + Organization budget for current year, including income and expenses.
     + Project Budget, including income and expenses (if not a general operating proposal).
     + Additional funders. list names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
  2. List of board members and their aﬃliations.
  3. Brief description of key staﬀ, including qualiﬁcations relevant to the speciﬁc request.
  4. A copy of your current IRS determination letter (or your ﬁscal agent’s) indicating tax-exempt 501(c)(3) status.
  5. If an employee of AcenTek is involved with your organization, list names and involvement.

**Proposal Checklist**

Cover letter  IRS determination letter  
 Cover sheet  Financial statements, preferably audited,

Proposal narrative showing actual expenses including:  
 Organization budget   Balance sheet  
 Project budget *(if not general operating donation request)*  Statement of activities *(income & expenses* List of board members & their affiliations  Statement of functional expenses  
 Brief description of key staff  List of additional funders  
 Confirmation letter of fiscal agent *(if required)*

**ORGANIZATION BUDGET**

This format is optional and can serve as a guide to budgeting. If you have already prepared an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

## Income

|  |  |
| --- | --- |
| **Source** | **Amount:** |
| Support |  |
| Government grants | $ |
| Foundations | $ |
| Corporations | $ |
| United Way or other federated campaigns | $ |
| Individual contributions | $ |
| Fundraising events and products | $ |
| Membership income | $ |
| In-kind support | $ |
| Investment income | $ |

Revenue

Government contracts $

Earned income $

Other (specify) $

**TOTAL INCOME** $

**EXPENSES**

|  |  |
| --- | --- |
| **Item** | **Amount:** |
| Salaries and wages | $ |
| Insurance, beneﬁts and other related taxes | $ |
| Consultants and professional fees | $ |
| Travel | $ |
| Equipment | $ |
| Supplies | $ |
| Printing and copying | $ |
| Telephone and fax | $ |
| Postage and delivery | $ |
| Rent and utilities | $ |
| In-kind expenses | $ |
| Depreciation | $ |
| Other (specify) | $ |
| **TOTAL EXPENSE** | $ |
| **DIFFERENCE** (Income less Expense) | $ |

**PROJECT BUDGET**

This format is optional and can serve as a guide to budgeting. If you have already prepared an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

## Income

|  |  |  |
| --- | --- | --- |
| **Source** | | **Amount:** |
| Support | |  |
| Government grants | | $ |
| Foundations | | $ |
| Corporations | | $ |
| United Way or other federated campaigns | | $ |
| Individual contributions | | $ |
| Fundraising events and products | | $ |
| Membership income | | $ |
| In-kind support | | $ |
| Investment income | | $ |
| Revenue | |  |
| Government contracts |  | $ |
| Earned income |  | $ |
| Other (specify) |  | $ |
| **TOTAL INCOME** |  | $ |
| **Item** | **Expenses** | **Amount:** |

Salaries and wages

*(Breakdown by individual position* $

*and indicate full- or part-time)* $

$

$

SUBTOTAL $

Insurance, beneﬁts and other related taxes $

Consultants and professional fees $

Travel $

Equipment $

Supplies $

Printing and copying $

Telephone and fax $

Postage and delivery $

Rent and utilities $

In-kind expenses $

Depreciation $

Other (specify) $

**TOTAL EXPENSE** $

**DIFFERENCE** (Income less Expense) $