APPLICATION FOR GLA ALA ASSISTANCE

PLEASE FILL OUT APPLICATION COMPLETELY

Name of Organization:	Tax Exempt Status:
Does your organization have its own 501(c)(3) IRS designation?	Tax ID Number:
Full Name of Contact:	Position or Title:
Email Address:	Telephone Number:
Project Address:	Project Title:

FUNDS & DEMOGRAPHICS:

Amount of Funds Requested:	This amount represents what percent of the total project cost?	Total Yearly Operating Budget (Entire Organization):
Number of Volunteers Requested:	This number represents what percent of the total number of volunteers?	
Nationalities Served: _____% African American _____% Asian American _____% Latino/Hispanic American _____% Caucasian _____% Native American _____% Other		

Please provide answers to the following as attachments:

HISTORY:

Provide a brief history of your organization and past accomplishments.

PROJECT DESCRIPTION:

Provide a concise description of the need or challenge to be addressed. Include overall goals and purpose of organization or specific department, the specific purpose of the funds and/or volunteers, and how your objectives will be accomplished.

WHY ARE YOU UNIQUE?

Please describe how your organization is different from others that are seeking assistance for similar causes. Include examples of what makes your organization stand out, such as its volunteers, resources, marketing strategies, etc.

TARGET POPULATION:

Please summarize your target population in measurable terms including 1) primary audience; 2) how many will be served; 3) age ranges; 4) economic level; 5) ethnicities of the participants; 6) location of program; and 7) geographic range of your organization. (For example, 125 physically challenged children, ages 10-17, residing in the San Fernando Valley.)

PROJECT BUDGET:

Please provide a detailed, line-item budget that specifically outlines all funds or other assistance that you are requesting from GLA ALA for your project. This should include all direct and indirect costs of the entire proposed project and volunteer resources. Also, include names if other secured funders, pending funders and strategies for raising additional funds for this project. If applicable, please indicate how this program will be funded in the following five (5) years.

Senior Organization or Project Management

Signature	Printed Name
Date	Title