AcenTek Foundation
Donation Application Form

You may reproduce this form.

Organization Information

Name of organization: _____ Legal name, if di erent: _____

Address: _____ City, State, Zip: _____

Phone: _____ Website: _____ Federal Identi cation Number: _____

Contact person (name & title): _____

Phone: _____ Email: _____

Is your organization an IRS 501(c)(3) not-for pro t? . . . . . ☐ 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 sta or board chair: _____

Date: _____ **Signature:** _____

Mail completed application and paperwork to:

AcenTek Foundation,

PO Box 360, Houston, MN 55943-0360

OFFICE USE ONLY

Application #: _____

Donation amount: _____

Date processed: _____

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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.

I. ORGANIZATIONAL INFORMATION

A. Brief summary of organization history, including the date your organization was established.

B. Brief summary of organization mission and goals.

C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or di erent activities, if any, for your organization.

D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?

E. Number of board members, full-time paid sta , part-time paid sta and volunteers.

II. 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
   a. The opportunity, challenges, issues or need and the community that your proposal addresses.
   b. How that focus was determined and who was involved in that decision-making process.
2. Activities
   a. Overall goal(s) regarding the situation described above.
   b. Objectives or ways in which you will meet the goal(s).
   c. Speci c activities for which you seek funding.
   d. Who will carry out those activities.
   e. Time frame in which this will take place.
   f. How the proposed activities will bene t the community in which they will occur, being as clear as you can about the impact you expect to have.
   g. Long-term funding strategies (if applicable) for sustaining this e ort.

III. Evaluation

A. Please describe your criteria for success. What do you want to happen as a result of your activities? you may nd it helpful to describe both immediate and long-term e ects.

B. How will you measure these changes?

C. Who will be involved in evaluating this work (sta , board, constituents, community, consultants)?

D. What will you do with your evaluation results?

Attachments

Generally the following attachments are required:

1. Finances
   - Most recent nancial 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 a liations.
3. Brief description of key sta , including quali cations relevant to the speci c request.
4. A copy of your current iRs determination letter (or your scal 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
- ☐ Cover sheet
- ☐ Proposal narrative
- ☐ Organization budget
- ☐ Project budget *(if not general operating donation request)*
- ☐ List of board members & their a liations
- ☐ Brief description of key sta
- ☐ IRS determination letter
- ☐ Financial statements, preferably audited, showing actual expenses including:
  - ☐ Balance sheet
  - ☐ Statement of activities (income & expenses)
  - ☐ Statement of functional expenses
- ☐ List of additional funders
- ☐ Con rmation letter of scal agent *(if required)*

Organization Budget

This format is optional and can serve as a guide to budgeting. If you already prepare 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, bene ts 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 already prepare 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	$_____
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Membership income	$_____
In-kind support	$_____
Investment income	$_____
Revenue	
Government contracts	$_____
Earned income	$_____
Other (specify)	$_____
TOTAL INCOME	$_____

EXPENSES

Item	**Amount:**
Salaries and wages *(breakdown by individual position and indicate full- or part-time)*	$_____
	$_____
	$_____
	$_____
SUBTOTAL	$_____
Insurance, bene ts 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)	$_____