



ACBS Northern California/Lake Tahoe GRANT REQUEST FORM

DUE DATE: October 31, 2010
MAIL TO: Steve Caplan
Antique & Classic Boat Society NC/LT Chapter
Philanthropy Committee Chairman
23505 Summit Road
Los Gatos, CA 95033

A. DATE: _____

B. ORGANIZATION INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact: _____ Title: _____

Fed ID# _____ Not-for-Profit Status: _____

History of Previous Support from ACBS NC/LT: _____

C. PROJECT TYPE: _____

D. PROJECT TITLE: _____

E. GRANT REQUEST:

Amount of Funding Requested: \$ _____ Total Project Budget: \$ _____

Allocation of Grant Funds:

Administrative: _____ %

Contracted Services: _____ %

Equipment: _____ %

Promotion _____ %

F. PROJECT GOALS:

G. TARGET GROUPS SERVED:

H. PROPOSED ACTIVITIES:

I. ANTICIPATED RESULTS:

J. SCHEDULE FOR IMPLEMENTATION:

K. TARGET COMPLETION DATE:

L. HOW WILL YOU EVALUATE THE RESULTS OF THIS PROJECT?

Please define your evaluation criteria:

M. SUMMARY:

1. This grant request (has) (has not) been submitted to another source for funding.

If yes, please detail other source(s):

2. Will this program be implemented if it does not receive a ACBS Grant? ___ Yes ___ No

I / We certify the information submitted is true and correct to the best of my / our knowledge. I / We acknowledge if a grant is provided by the ACBS NC/LT and an ACBS NC/LT Grant Agreement is signed, I / We will provide Project Reports, as specified, to the ACBS NC/LT as part of our grant agreement.

President/CEO

Date

Program Director

Date