

THE ANGUILLA COMMUNITY FOUNDATION COMMON GRANT APPLICATION FOR FUNDING

Name of Applicant Organization: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Web Site: _____

1. Are you registered as an NGO or non-profit organization? Yes___ No___

2. Purpose of organization: _____

3. Geographic area served: Specific Village?___ Island Wide?___

Name of specific village: _____

4. Requested amount: EC_____USD_____

5. Total funds required for the project: EC_____USD_____

6. Project description (use additional sheets of paper if necessary):

7. Please include an organizational budget, and an audited financial statement if available. If you are requesting project support, also include a detailed project budget.

8. Provide the names of other funding organizations that provide financial support for your organization. If your request for funding relates to a project, please list other commitments for funding for the project. _____

9. List positive social changes and effects on individuals involved in your organizational programmes and projects: _____

10. Time period grant will cover: _____ to _____.

Signature of Contact Person: _____

Name in Full (Printed): _____

Date: _____

***Complete form and return to:
Anguilla Community Foundation
PO Box 1097, The Valley
Anguilla, BWI
497-7209***