

ALBANY CHARITY FOR ARTS IN EDUCATION, INC. (ACAE) FUNDING APPLICATION

This application is to be completed in its entirety and signed by the person or persons authorized to oversee the program or service. Please be as specific as possible to allow for appropriate consideration. You may attach additional information to describe your program or service. If you have any questions regarding this application, please call **Rob LaRocca, President of ACAE, at 465-9081.**

Funds raised by ACAE are used to support extracurricular programs and/or services that promote arts in education within the city of Albany and benefit multiple students. These programs or services do not have funding through traditional sources such as State, Federal or local school budgets.

1. Name of Applicant(s): _____

Name of Contact Person: _____

Mailing Address: _____

School _____

Address _____

Phone Number: _____

Email Address: _____

Legal name of applying organization (payee for any ensuing grant):

2. Provide a detailed description of the program or service:

3. Describe the purpose of the program or service:

4. Total amount of funding requested: _____

Breakdown of the funding requested:

5. If the amount requested in this application is less than the total cost of the program or service, please indicate how the balance will be funded:

6. Provide the total number of students who will benefit from the program or service and their grade level(s):

7. Describe how students will benefit from the program or service:

8. Have you or will you pursue other funding sources to finance the proposed program or service? _____

9. If yes, identify the funding application source, date of request and status of request:

10. Planned completion date of entire project: _____

11. Describe how you will publicly acknowledge the receipt of funding from ACAE:

Signature _____ Date _____