

**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.**

1. Name of Applicant(s): \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Please provide a detailed description of the program or service:

\_\_\_\_\_  
\_\_\_\_\_

3. Please describe the purpose of the program or service:

\_\_\_\_\_  
\_\_\_\_\_

4. Total amount of funding requested: \_\_\_\_\_

General 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:

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

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

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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:

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10. Planned completion date of entire project:\_\_\_\_\_

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

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Signature\_\_\_\_\_Date\_\_\_\_\_