



Organization Name:		
Mailing Address:		
City:	Zip Code:	County: (Choose One)
Organization Leader:		Title:
Phone:	Email:	
Board Chair:	Phone:	Email:
Request Contact:	Phone:	Email:
Website:	Year incorporated:	

Tax ID:	
Organization pays at least one full-time salaried employee (minimum wage or greater)?	(Choose One)
Organization is registered with the Georgia Secretary of State as a nonprofit? (click here to verify: http://corp.sos.state.ga.us/corp/soskb/csearch.asp)	(Choose One)
Organization has two years (three preferred) years of financial statements (audit/review) as appropriate to its budget level as required in the guidelines for submitting a Final Application?	(Choose One)
Primary counties served by the organization: (Primary County); (Secondary County); (Other Counties)	
Do you own or lease your building? (Choose One)	

Financial Snapshot <i>(figures should come from audit/review when possible)</i>	Last Completed Fiscal Year End	Two-Year-Prior Fiscal Year End	Three-Year-Prior Fiscal Year End
Total Revenue	\$	\$	\$
Total Expenses	\$	\$	\$
Surplus/(Deficit)	\$	\$	\$
Net Assets/Fund Balance	\$	\$	\$
How Did Org Report Year End Financials?	(Choose One)	(Choose One)	(Choose One)
Fiscal year end date			

Current FY operating budget as approved by board of directors: \$	
What is the total amount of non-mortgage debt carried (loans, lines of credit, credit cards, etc.)? \$	What is the total amount of mortgage debt carried? \$
List all governmental sources of revenue and amounts for the Last Completed Fiscal Year (500 characters)	
Use this space to provide any clarifications on the Financial Snapshot (500 characters)	

Funding Type: (Choose One)	
Amount Requested	\$
Request is what % of Fiscal Year Budget?	%
Program Budget for the Current Fiscal Year (Expenses) (For restricted operating support)	\$
Request is what % of Program Budget? (For restricted operating support)	%

Describe the mission and summarize the history of the organization (1,500 characters)

How will this funding strengthen the organization as a whole and its ability to address broader community needs and opportunities? (1,500 characters)

<i>Organization is required to have a current, written strategic plan. Fill in key plan dates to the right.</i>	Date plan first effective:	Date plan expires:
	Date last updated by board:	Duration of plan in months:

What is the value of the strategic plan to the organization? (1,000 characters)

Specify how the organization knows it is effective and why the AIDS Fund should invest in it. (1,500 characters)

For organizations that received an AIDS Fund grant in 2009 and/or 2010, what has changed since you received the grant(s). Do not answer if organization did not receive a grant in 2009 and/or 2010. (1,500 characters)

Use this space to tell the AIDS Fund reviewers anything else about the organization. (500 characters)

Authorizing signatures: *Typing in your name acts as your official signature and certifies that you have personally reviewed this application and that the information presented is complete and meets all eligibility criteria as outlined in the 2011 AIDS Fund guidelines.*

Organization Leader:	Date:
Board Chair:	Date:

**Submit grant application to AIDSFund@cfgreateratlanta.org
Applications with blank or incomplete fields will not be considered.**