



# National Housing Corporation

To:

**Applicants for ANHC Grants**

Subject:

**Uniform Grant Request Form**

The Grants Committee implemented the standardized application process in order to facilitate the arduous task of interpreting the variety of formats and content, which accompanied past requests. Further, the deadline was established in order to permit the degree of study each request required. Although attachments and brochures are not required and discouraged, applicants may continue to provide back-up information. The selection criteria are based on the information included on the application form. Your cooperation is appreciated.

## Completing the application:

1. You are required to complete the entire application. Incomplete applications will not be considered for evaluation.
2. **Must be legible, preferably typed. We encourage you to use the Word Document and enter information via computer. Illegible handwritten applications will not be considered.**
3. Please do not leave any requested information blank. Provide or attach explanation.
4. Refer questions on Grants Application to [grants@ahepahousing.org](mailto:grants@ahepahousing.org) c/o Dennis Kiriazides.
5. Mail **7** copies of completed application to:

**George T Alexander**  
**Chairman, Grants Committee**  
**AHEPA National Housing Corporation**  
**224 Elden Dr. NE**  
**Atlanta, GA 30342**

Electronic submission is also appreciated. Submit content in PDF format (preferred) on a cd.

All applications for grants must be postmarked no later than **January 31<sup>st</sup>, 2012** for consideration at the annual spring ANHC Board of Directors meeting. Hand carried applications will not be considered. Only requests for grants using this application will be considered. Please refrain from attaching unrequested literature. The committee is limited to processing information contained in the application.

**Required Information:** Please note: Request for required information is designed to enable the committee members to employ uniform and fair criteria for grant awards. Nonconforming materials will not be considered.

1. IRS 501 c 3 designation letter of not for profit status.
2. Most recent audited or compiled financial statement.
3. Most recent IRS 990 Income tax return (if applicable).
4. Most recent annual budget.
5. Organizational structure with officers & directors.
6. Materials used for fund raising.
7. Organization's Brochure; newsletter.
8. Web site (if applicable).

Yours truly,

George T. Alexander  
Grants Committee Chairman  
AHEPA National Housing Corp.  
[www.ahepahousing.org](http://www.ahepahousing.org)



# National Housing Corporation

Grant Applicant Name: \_\_\_\_\_

Application Date			Date Received: (leave blank)
Name of Organization			Web site:
TIN: (Federal ID #)			
Organization address			
City, State, Zip.			
Contact Person & Title			
Address			
Contact Phone & Fax	Phone:	Fax:	Email:
IRS 501 c3 Approved?	Yes:	No:	Date founded:
Do you file an IRS 990?	Yes:	No:	Date of last filing:
Do you conduct an independent audit?		Date of last audit:	
Of the Following, which best describes your primary services? If more than one, prioritize (1= most important).			
Economic Development <input type="checkbox"/>	Education <input type="checkbox"/>	Family Services <input type="checkbox"/>	Medical / Health Care <input type="checkbox"/>
Cultural <input type="checkbox"/>			
Other (explain):			

Are there any restrictions on who can receive program services or benefits? Explain.


1) PROGRAM NAME: \_\_\_\_\_



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Grant Applicant Name: \_\_\_\_\_

2) PROGRAM DESCRIPTION:


3) Are there conditions required to receive program services? Explain.


4) Explain stages or phases of program & provide timetable or schedule of events.


5) Does the program contain a faith or spiritual element? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain.

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6) Describe arrangement or affiliations you have with other organizations for the program(s) you are requesting a grant. (Attach additional sheets as needed).

<b>Name of organization</b>	
<b>Nature of cooperation</b>	
<b>Length of relationship</b>	
<b>Describe any shared financial responsibility</b>	

7) BOARD OF DIRECTORS (Trustees):

Officers & Members: List title, full name, length of service, address, phone number, email address, occupation, firm name, and other board affiliations. (Attach additional sheets as required).

Title	Last Name	First Name	Length of service	Address City, State, Zip Code
Phone	Fax	Email	Occupation	Company
Title	Last Name	First Name	Length of service	Address City, State, Zip Code
Phone	Fax	Email	Occupation	Company
Title	Last Name	First Name	Length of service	Address City, State, Zip Code
Phone	Fax	Email	Occupation	Company
Title	Last Name	First Name	Length of service	Address City, State, Zip Code
Phone	Fax	Email	Occupation	Company



# National Housing Corporation

Grant Applicant Name: \_\_\_\_\_

Title	Last Name	First Name	Length of service	Address City, State, Zip Code
Phone	Fax	Email	Occupation	Company
Title	Last Name	First Name	Length of service	Address City, State, Zip Code
Phone	Fax	Email	Occupation	Company
Title	Last Name	First Name	Length of service	Address City, State, Zip Code
Phone	Fax	Email	Occupation	Company

8) How are officers and members selected?

9) What is the board's primary role?

10) Are any of the board members compensated by the organization? If yes, please list who and how much.

11) How often does board meet?

Monthly?	Quarterly?	Semiannually?	Annually?

12) List Financial Institution References: Provide contact person and phone #.

13) Does organization have existing policies on conflicts of interest? Yes? (Please attach)  No?

14) Have any legal judgments and or liens been made against your organization? Yes? (Explain)  No?

15) Please list types of insurance you have in place:

Directors & Officers?	General Liability?	Property?	Professional?

16) Please list other sources of income for the latest period (    year):

Please check al that apply	Amount	% Of Budget
1) Business		
2) Government		
3) Investments		
4) Religious institutions		
5) Foundations		
6) Individuals		
7) Other: Fund Raisers, Special events etc.		
Total		



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Grant Applicant Name: \_\_\_\_\_

16) How would grants received from ANHC be used? (Please explain; attachments if required)  
Existing program, new program, staff, advertising, repair/improvements, salaries, training, SW, other?


17) PRESENTATION OF GRANT: If a grant is awarded based on this application, identify the suggested time(s) and place(s) for the presentation of the award to maximize the mutual benefit of the publicity associated w/ the grant. ANHC reserves the right to accommodate or select another mutually compatible date and location.


18) From most recent IRS 990 Form (list date).

Line #	Item	Amount	
12	Total Revenue		
13	Program Expenses		
14	Management and General Expenses		
15	Fundraising expenses		
16	Payments to affiliates		
17	Total expenses		
18	Excess Deficit		
45	Cash non bearing interest		
46	Savings		
59	Total assets EOY		
66	Total liabilities EOY		

Certification of validity of information provided.

The information provided by the applicant herewith are true, accurate, and complete and that none of the responses contain incomplete or untrue statements, which may by omission, may mislead the committee in determining the eligibility.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_