

4. Does your organization charge for services provided?

5. If so, please explain how are fees for services determined?

Project Details:

1. Project Name:

2. Which Quality of Life priorities does your grant address? (select all that apply)

Basic Needs

Health Care

Education

Veterans

Environment

3. What is the total project budget of the project for which you are applying for support?

4. What is the amount of funding you are requesting from Avion Takes Action?

5. Please describe in detail how these funds will be used, including goals and objectives of the project. Please explain what problem you are seeking to solve with this project.

6. Please identify any other organizations/agencies which you will collaborate or cooperate with on this project.

7. Anticipated # of people served through this project:

8. Project Start Date: ONGOING

9. Project End Date: ONGOING

If this project is ongoing, please check "ONGOING" in both the project start and project end date sections.

10. How will you measure the effectiveness of your project?

Please include the following documentation with your grant application:

1. Budget for the project.
2. Audited financial statements, if available, OR Financial Statements for the previous year, including Income Statement and Balance Sheet.
3. Board Approved Budget for the current fiscal year.
4. Annual Report, if available.

Please send completed application and documentation to Ginny Wagner at ginny.wagner@avionsolutions.com.

Avion Takes Action may require supplemental information to support this grant application.