

AHEPA National Housing Corporation

To: **Applicants for ANHC Grants**

Completing the application:

1. The entire application must be completed. Incomplete applications will not be considered for evaluation, if a section is NA please mark as such. Please do not leave any requested information blank. Provide or attach explanation.
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. Refer questions on Grants Application to Tammy Parsons at tparsons@ahepaseniorliving.org.
4. Mail one CD or flash drive of completed application to:

Tammy Parsons
AHEPA National Housing Corporation
Attn: Grants Committee
10706 Sky Prairie St.
Fishers, IN 46038

All applications for grants must be postmarked no later than **April 20, 2023** for consideration at the annual ANHC Board of Directors meeting. Hand carried applications will not be considered. Only solicited 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.

Please organize your submittal in folders as follows:

- | | |
|--|---|
| 1. Grant Application | 2. IRS 501c3 notification |
| 3. Most recent financial statement | 4. Current Budget including Rev/Expense |
| 5. Org structure with list of officers/directors | 6. Conflict of Interest Policy |
| 7. Fundraising materials | 8. Organization's brochure, newsletters, etc. |

Yours truly,

Nicholas S. Kallan

Chair - Grants Committee
AHEPA National Housing Corp.



National Housing Corporation

Grant Applicant Name: _____

Application Date					
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 or attach details)					

1) Grant Amount Requested: _____

2) Program Name: _____

3) Program Description:

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

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

6) How would funds be used if received a grant from ANHC?

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

Name of organization	
Nature of cooperation	
Length of relationship	
Describe any shared financial responsibility	

8) How are officers and members selected?

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9) What is the board's primary role?

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

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11) How often does board meet?

Monthly?	Quarterly?	Semiannually?	Annually?

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

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

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

Directors & Officers?	General Liability?	Property?	Professional?

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

Please check all 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		



National Housing Corporation

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

Line #	Item	Amount	
Part 1 line 12	Total Revenue		
Part 1 line 24	Operating and Administrative expenses		
Part 1 line 25	Contributions, gifts, grants paid.		
Part 1 line 26	Total Expenses and disbursements		
Part 2 line 1	Cash nonbearing interest		
Part 2 line 2	Savings		
Part 2 line 16	Total assets EOY		
Part 2 line 31	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: _____

Contact:
(phone, email) _____