



# application for grant

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

**Section**

**ORGANIZATION** \_\_\_\_\_ **1** \_\_\_\_\_

**GRANT PURPOSE AND AMOUNT** \_\_\_\_\_ **2** \_\_\_\_\_

**PROGRAM/PROJECT NEEDS ASSESSMENT** \_\_\_\_\_ **3** \_\_\_\_\_

**PROGRAM/PROJECT FINANCIAL DATA** \_\_\_\_\_ **4** \_\_\_\_\_

Applications are reviewed by the Board of Directors.  
Contact us at (408)428-0428 ext. 14 for current deadlines.  
Submit completed applications to: *Air Systems Foundation, Inc.*  
*521 Charcot Ave. Ste. 101*  
*San Jose, CA 95131*

**ORGANIZATION** \_\_\_\_1\_\_\_\_

**FULL NAME OF ORGANIZATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**WEBSITE** \_\_\_\_\_

**CONTACT PERSON(S)** \_\_\_\_\_

\_\_\_\_\_

**FEDERAL TAX ID#** \_\_\_\_\_

**DATE/PLACE OF INCORPORATION** \_\_\_\_\_



**PROGRAM/PROJECT NEEDS ASSESSMENT** \_\_\_\_\_ **3** \_\_\_\_\_

Why is this program/  
project needed?

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Please describe your mission and primary activity or services.

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List any other organizations in the area with a similar purpose.

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If so, are you affiliated with any of the above organizations?

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What is the geographical area that your organization serves?

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Who will benefit from your program/project and how many?

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What % of your organization's services are focused on the needs of children?

\_\_\_\_\_ %

Please list evidence of community support for your organization.

(i.e. newsletters, articles, reference letters, awards, etc.)

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Please list the other children related program/projects of your organization.

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**PROGRAM/PROJECT FINANCIAL DATA** \_\_\_\_\_ **5** \_\_\_\_\_

- A. Total program/project cost (Appendix A) \$ \_\_\_\_\_
- B. Amount requested from Air Systems Foundation, Inc. \$ \_\_\_\_\_
- C. Current Operating Budget for Entire Organization  
(Appendix B)
- |                      |          |         |
|----------------------|----------|---------|
| Fundraising Costs    | \$ _____ | % _____ |
| Administration Costs | \$ _____ | % _____ |
- D. Fiscal Year begins on: \_\_\_\_\_

**APPENDICES** \_\_\_\_\_ **6** \_\_\_\_\_

Please include the following information with this application.

- Appendix A. Programs/Projects and dollar amounts requested with all options.
- Appendix B. Detailed current annual operating budget.
- Appendix C. Current Board of Directors with business addresses and occupations.
- Appendix D. Current/most recent audited financial report.