

### **Grant Application Information**

Astrion In Action is a non-profit entity organized and supported by the employees of Astrion LLC. The mission of Astrion In Action is to assist non-profit organizations with their endeavors in the communities in which Astrion has a presence. Astrion in Action is funded by employees of Astrion and administered by the employees of Astrion through a volunteer Board of Directors.

Non-profit organizations that are interested in receiving a grant from Astrion in Action must meet the eligibility guidelines below. If the guidelines are met, non-profit organizations will be considered for a grant based upon information included on the enclosed Grant Application form and submitted to the Astrion in Action Board of Directors.

#### **Eligibility Requirements:**

- 1. Services provided by the applicant must be available to all members of the community, regardless of sex, race, religion, political affiliation, background, or ability to pay.
- 2. Applicant must be currently recognized under section 501(c)(3) of the Internal Revenue Code, and contributions shall be deductible by donors under section 170 of that code.
- **3.** Applicant must be actively involved in projects/services that directly benefit a community in which Astrion has a local presence.
- **4.** Services rendered by a religious organization must be open to all people, regardless of their religious beliefs.

## **Ineligible Entities:**

- Individuals
- Government Agencies
- Social Organizations
- Political Organizations
- Private Foundations
- Public or Private Educational Institutions
- For-profit Organizations



### **Grant Application Instructions**

#### Complete grant applications must be:

- 1. Submitted on the official Astrion in Action Grant Application Form
- 2. Submitted by identified deadline for consideration in the current cycle
- **3.** Signed by an authorized official of your organization, as well as the Board President, Chairperson, Executive Director or equivalent
- **4.** Submitted electronically to always on@astrion.us

Organizations that meet the application criteria and eligibility guidelines should be prepared to schedule a site visit with a Astrion in Action representative. The representative may have additional questions and will request a tour of the facility.

Organizations receiving grants may be asked to send a representative to a Astrion meeting to receive the award. Also, recipients must agree to allow Astrion in Action to advertise the award via social media and other advertisement platforms. A high-resolution logo will be required.

Applications will be considered only for the current grant cycle and will not be revisited for future cycle; however, Astrion in Action reserves the right to consider applications for a rolling 12-month period. Organizations may reapply, with updated information, during each grant cycle.



# Astrion in Action Grant Application Form

| General Information  |  |  |  |
|--|--|--|--|
| Organization Name:   | Date:  |  |  |
| Address:   |  |  |  |
| National Affiliation:  | Telephone Number:                            |  |  |
| Email Address:   | Website:                                     |  |  |
|  |  |  |  |
| Leadership Information   |  |  |  |
| President/Chairperson  | <b>Executive Director</b>                    |  |  |
| Name:  | Name:  |  |  |
| Telephone Number:  | Telephone                                    |  |  |
| Email:   | Number: Email:                               |  |  |
|  |  |  |  |
| References (People outside your organization who are familiar with your services.)   |  |  |  |
| Reference One:   | Reference Two:                               |  |  |
| Name:  | Name:  |  |  |
| Telephone Number:  | Telephone Number:                            |  |  |
| Email:   | Email:                                       |  |  |
|  |  |  |  |
| (Financial Information (Information will remain confidential and will be viewed only by the Astrion in Action Board of Directors. Please attach the following: |  |  |  |
| Balance Sheet for last full fiscal year Income Statement or Profit and Loss Statement for last full fiscal year  | Budget for current fiscal year  IRS Form 990 |  |  |



| Additional Information - Please use attachments as necessary   |
|--|
| Does your organization have a current 501(c)(3) status and are contributions deductible by donors under section 170 of that code? Please attach a copy of your current IRS determination letter. |
| Yes No (please explain below)  |
| Comments:  |
|  |
|  |
| Is your organization managed, affiliated with, or operated or controlled by any of the   |
| following: religious, civic, political, tax supported, government, fraternal, or educational institution/organization?   |
| Yes (please explain below) No  |
| Comments:  |
|  |
|  |
| Does your organization charge for services provided?   |
| Yes (please explain below) No No   |
| Comments:  |
|  |
|  |
| Please describe your organization's purpose and activities.  |
| Comments:  |
|  |
|  |
|  |



Date (mm/dd/yy)

| Please describe for what purpose/activity/service you are seeking a grant from Astrion in Action, how much you would like to be awarded, and how you intend to use the monies. What community/client group would benefit from the award of this specific grant? What is the amount your organization is requesting?  |           |                 |  |  |
|--|-----------|-----------------|--|--|
| Comments:  |           |                 |  |  |
|  |           |                 |  |  |
|  |           |                 |  |  |
|  |           |                 |  |  |
| If issued a grant from Astrion in Action, what is your proposed timeframe for use of the monies? By what, if any, specific date you would like to receive the grant?   |           |                 |  |  |
| Comments:  | -         |                 |  |  |
|  |           |                 |  |  |
|  |           |                 |  |  |
|  |           |                 |  |  |
| If issued a grant from Astrion in Action, are you willing to provide, within 90 days of utilizing the funds, a report describing the use, expenditure receipts, and other information used to illustrate usage of the monies?  |           |                 |  |  |
| Comments:  |           |                 |  |  |
|  |           |                 |  |  |
|  |           |                 |  |  |
|  |           |                 |  |  |
|  |           |                 |  |  |
| Section 6: Signatures I certify that all information on this application is true and correct, and I agree to comply with all requirements of this application. If we are selected as a grant award recipient, we will provide a high-resolution logo and provide our permission to Astrion in Action to announce the award through their social media and other advertising platforms. |           |                 |  |  |
| Executive Director Name  | Signature | Date (mm/dd/yy) |  |  |

Signature

**Board President/Chairperson Name**