

AGC Workforce Development Grant Program
GRANT APPLICATION- \$5,000 or Less



Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Contact Person: _____

Title: _____

Direct phone line: _____

Email: _____

Current tax-exempt status of organization:

(Note: prior to final grant approval, evidence of tax exemption from the IRS may be requested.)

- 501 (c)(3) and 509(a)
- Public School (school name): _____
- Other (explain and include documentation): _____

Description of the organization:

Title of Project/Program: _____

Statement of Need:

Total Project Budget: \$ _____ Total Grant Requested of AGC: \$ _____

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Summary of program: (approximately 500 words or less)

Goals and objectives: (approximately 500 words or less)

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Measure of success: (approximately 500 words or less)

Proposed timeline:

Budget/Financials: (a separate attachment for this section may be submitted)

Please include sources and amounts of other funding obtained, pledged or requested for this purpose, including the plans for fundraising the total cost of this project or program.

After reviewing the initial grant application proposal, additional information may be requested by the AGC Workforce Development Committee.