

Mississippi HeARTS Against AIDS
PO Box 13371
Jackson, MS 39236
FY 2011 Grant Application

Instructions: You must return this application with all supporting documentation to the above address **postmarked by Monday, February 28, 2011 to be considered.** You must respond to all questions (or n/a if not applicable) and write your answers legibly. Please contact at 601-366-9084 or if you have any questions regarding this application.

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____ County: _____

Phone: _____ Fax #: _____ Email: _____

Fed. Tax ID #: _____ Yearly Budget: \$ _____ Yearly Expenditures: \$ _____

501(c) 3 No.: _____ as of (date): / / No. of beneficiaries: _____

Total # salaried staff: _____ Total Grant Amount Requested: _____

Brief Statement of Purpose for your Grant Request: _____

Does your program provide services locally, regionally or statewide? _____

What percent of your grant request covers administrative costs? _____

Will this grant be used to match funds from another source? Yes No

What % of your budget is funded through public/Gov. sources? _____ Private funds? _____

Attestation: "By signing this application, I assure that I am able to represent this organization, and that all documentation contained in this application is accurate and truthful to the best of my knowledge."

Signature

Date of Application

To complete your application, you must attach all information requested:

Please circle the tier level of funding priorities as determined by the by-laws of Mississippi HeARTS Against AIDS.

Tier 1 – Direct Emergency Services to People with HIV/AIDS

Tier 2 – HIV Prevention

Tier 3 – Activities Promoting Acceptance of those living with HIV/AIDS

- Detailed statement of the purpose of your grant request, including your target population's unmet need(s), proposed method to accomplish your goal(s), project timeline, and evaluation process to measure your outcomes.
- Detailed statement describing your organization's ability to effectively reach your target population and meet your programmatic goals.
- Your organizational mission statement and related programmatic objectives.
- Current list of your board of directors and your organizational chart (a description of your organizational structure may be used in lieu of a chart).
- Schedule of any capital assets (including item, uses and costs) included in your request.
- A copy of your organization's 501(c)3 determination letter.
- Contact information for the grant applicant including name, phone number and email address.