

## **WinCentral Grant Application**

WinCentral is a chapter of  
The Alliance for the Empowerment of Local Communities

Attached is a copy of the Application form for use if your organization is planning to request financial support from the Alliance for the Empowerment of Local Communities (AELC).

In accordance with its mission, AELC will only consider grant requests for purposes that educate and guide local communities towards local forms of community life which will meet the long-term needs of local residents and organizations.

Grant requests must be made through and underwritten by a local AELC chapter. Please attach a letter by your local AELC chapter endorsing your application. Grants are approved at the sole discretion of AELC's Board of Directors, in the context of other grant requests received by AELC, and in the context of available funds.

After grant approval by AELC, the applicant is required to enter AELC's Grant Agreement before the grant is disbursed. The Grant Agreement is attached to this application for applicants review.

When submitting a request, please include a financial statement for your organization. If your request is for a project or is comprised of several components, AELC requires an itemized budget. Requests for salaries or fixed operating expenses will not be considered.

AELC will meet sporadically during the year to consider requests for funding. An organization can submit only one request for funds per fiscal year. If multiple requests are submitted, only one will be considered.

Together with a funded request, AELC requires periodic written updates of the applying organization about its progress and use of the funds, a final written report about how grant funds were used.

By submitting a grant application, the organization understands and acknowledges AELCs authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.

**Application Form**

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Salutation:                      First Name:                      Last Name:

Job Title:

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**Organization Name:**

Street:                                      City:                                      Zip:                                      State:

Email:                                      Phone:                                      Fax:

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**Purpose for seeking funds (use additional sheets if necessary)**

Amount requested from AELC:                                      Total Cost:

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Signature:                                      Date: