



Enabling Your Mission Through Grants

Grant Application

Contact Information

Full Legal Organization Name

Covered Entity Type

Street Address

City

State

Zip Code

**Organization President /
Executive Director**

Title

Phone Number

E-Mail Address

**Contact Person
(if different)**

Title

Phone Number

E-Mail Address

Requested Amount

Grant Category



Organization Information

501(c)(3)?	Yes	No	Year Established
Total Organization Budget			Total # of Board Members
Total # of Staff			Total # of Volunteers

Organizational Mission Statement
(350 characters or less)

Brief Description of Organization
(500 characters or less)

Population Served
(200 characters or less, include age groups, race & ethnicity, income levels, etc.)



Proposal Request

Program/Project Name

Total Program Budget

Requested Amount
(will autopopulate from first page)

Project Start Date

Project End Date

Geographic Area Served

Who on your staff will be taking the Apexus Certified Expert course?

Contact Person
(if different)

Title

Phone Number

E-Mail Address



Project Narrative

Will this staff member be able to dedicate four hours a week to complete the required course modules?

State how obtaining an ACE Certification will enable your mission:

List the measurable outcomes that will define the success of this certification (minimum of three):



Present a complete time line including tasks / steps to be completed to achieve the outcomes listed above:

Budget

There is no budget worksheet needed for the 340B ACE Buddy Grant.

*Capture Cares Grants are subject to change and to additional terms and conditions. You must fulfill compliance requirements to be eligible.