
Purpose of the Arctic Slope Community Foundation Fund

The Arctic Slope Community Foundation Fund supports organizations based in and providing services and programs to communities within the North Slope region.

The purpose of the Arctic Slope Community Foundation Fund is to provide grants in the following three areas:

- Arts and Culture;
- Education related to culture, language and art activities;
- Health and Human Services;
- Preservation of Iñupiat Language and Culture.

The Arctic Slope Community Foundation Board receives applications year-round, with review and awards conducted on set dates throughout the year. You will be notified via email when an application has been received. If your application is successful, a formal grant award letter will be sent.

To Apply

Please prepare your application with the following items in the order listed below:

1. Download and complete the Arctic Slope Community Foundation Grant Application Package.
2. Answer all project narrative questions. Please limit your complete narrative answers to no more than two pages.
3. Include all applicable attachments.
4. Fill out and complete the budget worksheet.

Mail your completed application to:

Sharon Thompson, Executive Director
Arctic Slope Community Foundation
3900 C Street, Suite 701
Anchorage, AK 99503

Quyanaqpak!

Helpful Checklist for Application

Organization: _____

Project title: _____

Amount requested: _____

Check each box or line to indicate that the guidelines have been followed

- Submit the signed original proposal via regular mail or email. Type the application, using font size no smaller than 10.
- Submit only materials specifically requested.
- Provide requested materials in the order described below.

Proposal Preparation

Application Cover Sheet with original signature of top ranking official in your organization

Narrative **must** including the following: *(up to 2 pages, single-sided)*

Brief history of organization

The narrative should cover the following questions:

1. How will the grant funds get expended?
2. How will the project impacted your organization and/or your constituency?
3. What community need that the project/program will be met?
4. What are the goals of the project?
5. How will the goals be met?
6. What are your anticipated outcomes?
7. How will you measure your outcomes?
8. What are the objectives of the project?
9. How many participants do you anticipate having? And how many were North Slope residents?
10. What other funding sources be contributing to the project and at what level of funding?

Current status of the project

Narrative write up of the Itemized list of specific project items & costs

Amount requested from the Arctic Slope Community Foundation

If relevant, list the source(s) and amount(s) of any project funds raised to date or pending, and how the organization anticipates raising the balance

Implementation Schedule Form

Budget Summary Form

Attachments

IRS 501 (c) (3) tax exemption letter or relevant Tax Exempt Status Letter

Twelve-month Statement of Revenues and Expenses, for most recently completed fiscal year, including current year operating budget, showing anticipated sources of both revenues and expenses. Or Audit can be substituted.

Independent estimate of costs of a project – **including bids for materials or services**

Applicant Organization

Legal Name of Organization	
Address:	
Tax ID # _____ Organizational Status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Unit of Government <input type="checkbox"/> Religious Institution <input type="checkbox"/> Other, Please Explain,	
Organization operates in the North Slope region, and core activities, programs and services are within the North Slope region: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chief Executive's Name & Title:	
Contact's Name & Title:	
Contact's Telephone Number:	Contact's E-Mail Address:

Project Information: Project Title: _____

Total Project budget	Amount requested from Arctic Slope Community Foundation
\$	\$
Area in which funds will be used: <input type="checkbox"/> Arts and Culture; <input type="checkbox"/> Education related to culture, language and art activities; <input type="checkbox"/> Health and Human Services; <input type="checkbox"/> Preservation of Iñupiat Language and Culture. <input type="checkbox"/> Other (explain)	
Specific purpose for which funds are requested (Use an additional sheet if necessary)	
Signature of authorized official (Board Chair or CEO):	Date
Printed Name	Title

Office Use:
 Internal tracking number _____

Submit a separate implementation schedule for each project category.

1. Name of Applicant		2. Application/Grant Number <i>(to be assigned by ASCF)</i>	
3. Original Application Date <i>(mm/dd/yyyy)</i>			
Amendment <i>(submitted after grant approval)</i>		Yes	NO
4. Name of Project <i>(as shown on application)</i>			
5. Effective Date <i>(mm/dd/yyyy)</i>	Expected Completion Date <i>(mm/dd/yyyy)</i>	Expected Closeout Date <i>(mm/dd/yyyy)</i>	7. Applicant's Fiscal Year <i>(mm/dd/yyyy)</i>

If the project begins in May, for example, enter under "1st Qtr. " A(April), M(May), J(June). Indicate time period required to complete each activity, e.g., acquisition, by entering "X" under the months it will begin and end. Draw a horizontal line from the first to the second "X". If the completion date will extend beyond the 8th quarter, enter date in the far right column and attach an explanation.

9. Project Implementation Schedule.		Date (mm/dd/yyyy)																							
List each task and coincides with the month in which to be complete If more than one year ... use one form for each year.		Calendar Year _____ to Calendar Year _____																							
		1 st Qtr			2 nd Qtr			3 rd Qtr			4 th Qtr			5 th Qtr			6 th Qtr			7 th Qtr			8 th Qtr		
8. Task List																									
10. Planned Expenditure by Quarter (Enter amounts non-cumulatively)		\$			\$			\$			\$			\$			\$			\$					
11. Cumulative Expenditures		\$			\$			\$			\$			\$			\$			\$Total					

Budget Summary

1. Name of Applicant (as shown on application)		2. Application/Grant Number (to be assigned by ASCF upon submission)	
3. <input type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Amendment		Date (mm/dd/yyyy)	
4. a. Project Activity & Project Line Item	b. ASCF Amount Requested for each activity	Program Funds (in thousands of \$) Other	
		c. Other Source Amount for each activity	d. List Source of Other Funds for each activity
	\$	\$	
5. Administration a. General Management and Oversight			
b. Indirect Costs: *The ASCF grant does not allow for Indirect Costs			
Administration Total *			
6. Planning The Project description must address the proposed use of these funds.			
7. Sub Total Enter totals of columns b. and c.	\$	\$	
8. Grand Total Enter sum of column b. plus column c.			\$