



HONOREE APPLICATION

Thank you for your interest in being considered as an AFF Honoree.

We are very proud of the support we have provided to VSO's, allowing them to continue their important work supporting our veterans.

All applications will be reviewed by the Executive Committee who will make the final decision of three recipients each year.

Deadline for submission is May 1.

Decision will be made by May 12.

Please email submission and collateral materials to Attention: AFF Director at director@americanfreedomfund.org

A. ORGANIZATIONAL INFO

Please answer all applicable questions.

B. CHARITABLE STATUS

All organizations must have a current non-profit status.

C. SOCIAL MEDIA/MARKETING

All benefactors are required to promote the event to their constituency and encourage attendance by their board and supporters.

D. ORGANIZATIONAL MISSION

Please provide your mission statement.

E. FINANCES & USE OF FUNDS

It is important that the benefactor selected is financially viable.

F. NARRATIVE

Please provide supporting materials to make a case for your organization being selected as benefactor.

QUESTIONS?

Please email us with any questions.

American Freedom Fund
122 C Street, NW, Suite 501
Washington, DC 20001

A. ORGANIZATIONAL INFORMATION

Organization Name

Organization Acronym

Executive Director

Address

City State Zip

Daytime Phone

Fax

Email

Website

Contact Person

Media Contact

B. CHARITABLE STATUS

Years in Operation

Federal Employer Identification Number (FEIN)

Is organization tax exempt under IRS Code? YES NO

If "YES", is the organization's status current? YES NO

Did you file a Form 990? YES NO

Please provide a copy of your non-profit certification, IRS Determination letter and most recent Form 990 filing.

C. SOCIAL MEDIA & OUTREACH

Please check if you have a presence & number of followers:

Facebook #

Twitter #

Instagram #

Email Database #

Other

D. ORGANIZATIONAL MISSION:

E. FINANCES & USE OF FUNDS

What is the organization's estimated budget for the current fiscal year?

\$

Ratio of Contributions(revenue) to program expenses:

Number of Paid Employees: Full time Part time

Number of Volunteers:

Please provide the name of the program/project to be funded

Please describe the specific programming/services to be funded

Who is the target population to be served

What geographical area will be served?

Have the organization ever received funds from AFF? YES NO

If "YES", please indicate which year 2017 2016 2015 2014

F. NARRATIVE

If possible, please provide a "human interest story" that illustrates a success of the project.

If applicable, provide materials relating to the project: press release or news items, brochures, letters of support, photographs, etc.

Please share any thoughts about how this funding could be helpful, either in the funding process or in other ways beyond additional funding.