



ALPHA KAPPA ALPHA SORORITY, INCORPORATED®
BETA NU OMEGA CHAPTER
Community Service Committee
2020
PROJECT AKA
Grant Proposal Application

Organization Information

Organization Name:

Street Address:

City: State: Zip Code:

Organizational Website:

Organization President/Executive Director:

Title:

Phone Number: E-mail Address:

Contact Person: Title:
(If Different)

Phone Number: E-mail Address:

Project Narrative

Has this Program/Project been funded previously by PROJECT AKA? YES NO

If YES, did your organization submit a Final Report/Documentation as required? YES NO

Which AKA Target will your organization address? (Check all that apply)

- TARGET I: HBCU for Life: A Call to Action
- TARGET II: Women's Healthcare and Wellness
- TARGET III: Building Your Economic Legacy
- TARGET IV: The Arts!
- TARGET V: Global Impact



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Briefly describe your Organization's Mission Statements (350 characters or less)

Will Funding be used to expand an existing program or start a new program? Please Explain. (500 characters or less)

Give a brief summary of your proposal. Please explain how your organization plans to meet the AKA Target (s). (500 characters or less)

What is the Target Audience for this proposal? Include age groups, race and ethnicity, income levels, etc. (500 characters or less)

PROPOSAL REQUEST

Give Requested Amount. Provide a Summary of expenses needed to implement proposal. NOTE: Give a total estimated cost of the project and how PROJECT AKA funds will be utilized.

Start Date of Project

End Date of Project

I have read all of the PROJECT AKA Contractual Obligations:

YES

NO

I am interested in being considered for the PROJECT AKA Grant.

YES

NO

Grant applications can be sent via e-mail to bnocommunityservicescommittee@gmail.com
ATTN: AKA-BNO Community Service Committee