



Alpha Kappa Alpha Sorority, Incorporated®

BETA NU OMEGA CHAPTER

Community Services Committee

Project AKA Grant Proposal Application

BNOCOMSER@gmail.com

Organization Name:

Street Address:

City:

State:

Zip Code:

Organization Website:

Organization President / Executive Director:

Title:

Phone Number:

E-Mail Address:

Contact Person (if different)

Title:

Phone Number:

E-Mail Address:

PROJECT NARRATIVE

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

If YES, Did your organization submit a FINAL REPORT/Documentation as required? YES NO

Briefly Describe your Organization's Mission Statements

Will funding be used to expand an existing program or start a new program? Please Explain.

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

TARGET 1: HBCU for Life: A Call to Action

TARGET 2: WOMEN'S HEALTH CARE and WELLNESS

TARGET 3: BUILDING YOUR ECONOMIC LEGACY

TARGET 4: THE ARTS!

TARGET 5: GLOBAL IMPACT

Give a brief summary of your proposal. Please explain how your organization plans to meet the AKA Target (s). Also explain what is the target audience for this proposal.

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.

Total Requested Amount:

Start Date of Project:

End Date of Project:

I have read all Project AKA Contractual Obligations : YES NO

I am interested in being considered for the PROJECT AKA Grant? YES NO

**For a complete description of the AKA Targets, please visit
<http://www.aka1908.com/programs>
Grant Applications can be sent via e-mail to bnocomser@gmail.com
ATTN: AKA-BNO Community Service Committee**