



## AMERICAN HOMECOMING FOUNDATION

416 Central Avenue SE Albuquerque, NM 87102 Phone: 505.243.0030

*American Homecoming Foundation welcomes the submission of this grant application for monies to support your program to assist homeless veterans and their families.*

### GENERAL PURPOSE APPLICATION

Organization \_\_\_\_\_

Federal ID# \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Organization Phone \_\_\_\_\_ Fax \_\_\_\_\_

Web Address (URL) \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Contact Person's Title \_\_\_\_\_

INFORMATION ABOUT PURPOSE FOR WHICH FUNDS ARE REQUESTED

Description of purpose

---

---

---

---

Specifically, describe how American Homecoming Foundation funds will be used

---

---

---

---

Amount requested for consideration \_\_\_\_\_

Other funding sources from which support is requested \_\_\_\_\_

Geographic area to be served \_\_\_\_\_

Number of beneficiaries to be served \_\_\_\_\_

INFORMATION ABOUT APPLICANT ORGANIZATION

Purpose of Organization (general) \_\_\_\_\_

---

---

---

---

Established \_\_\_\_\_

## GENERAL PURPOSE APPLICATION COVER SHEET

*This document must be completed in its entirety. Information may be handwritten*

Current tax-exempt status (If exempt under another organization, include evidence from IRS of that exemption and the relationship between the exempt organization and the applicant organization.)

501(c) (3) and 509(a) (if preliminary, date advance ruling ends)

---

Government entity (explain and include documentation)

---

Other (explain and include documentation)

---

Organization financial information (do not include in-kind contributions)  
Ending date of fiscal year \_\_\_\_\_.

---

---

Budget for current fiscal year: Income \_\_\_\_\_

Expenditures \_\_\_\_\_

Major sources of support (and amounts): \_\_\_\_\_

Already committed: \_\_\_\_\_

Expected: \_\_\_\_\_

Financial summaries for the current and three most recent fiscal years:  
Year Income (a) Benefits Disbursed (b) Expenditures (c) Expenditure % (c)/(a)

---

---

---

---

If grant is awarded, what is the organization name to which funds should be disbursed, if different from above?

---

*I certify that the above information is correct and that the governing board of this organization has approved the submitting this grant application to An American Homecoming Foundation*

Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Send Application materials to:

**AMERICAN HOMECOMING FOUNDATION**  
416 Central Avenue SE  
Albuquerque, NM 87102

Fax: 505.946.1641 (Attn: Jim Overton)

Phone: 505.243.0030