



**The Allstate Foundation's Education and Job Training Fund
Direct Assistance Program
Grant Application**

PLEASE TYPE ALL RESPONSES

DATE: _____

Name of Program

501(c)(3) EIN#

Contact Person/Title

Address

City/State/Zip Code

Office Telephone/Ext _____

Fax _____

Executive Director (if different from contact listed above)

Coalition Staff Contact: _____ **Coalition Staff**

Email: _____

Survivor

Alias: _____

Requested Amount \$ _____ **(maximum \$1,000, must be multiples of \$100)**

CONFIDENTIALITY NOTICE

The National Network to End Domestic Violence takes maintaining a survivor's confidentiality very seriously. The real name, contact information, or any other identifying details about a domestic violence survivor should never appear within this application.

Your organization is only asked to describe the survivor's needs and provide us with the amount that is being requested. You do not need to submit any documentation about the domestic violence survivor's situation when completing this application. Do not send any receipts, copies of bills, or tuition statements with this application. All supporting documentation should remain within the files of your organization for audit purposes.

Violating the confidentiality of a domestic violence survivor within this application

Please provide a detailed description of the survivor's situation and need(s) to fulfill education and/or job training opportunities. Include demographic information about the individual. (Confidentiality Notice: Do not use the survivor's real name, please identify the survivor by an anonymous or fictitious name.)

Please provide a detailed description of efforts that your agency has made to secure funds from other funding sources. Please provide brief a listing of organizations who provide these resources in your state and specify why these funds are not available to you at this time.

Please provide a detailed budget with costs estimates illustrating how this funding will be applied for the survivor's education or professional needs (e.g. supplies, services, or tuition). Please note that your budget must not exceed the \$1000.00 application limit.

Briefly (5 sentences maximum) describe your agency's mission and the services you provide to victims of domestic violence

Please provide any other information that may be helpful in processing this application. For example, how will this funding aid in the long-term goals of the survivor?

Audited Financial Statement: Please attach your organization's most recent audited financial statements to this application, all applications must include a

All applications must be faxed to (202)543-5626. If you have any questions, please contact the NNEDV Fund – Education and Job Training Fund Coordinator at (202)543-5566 ext. 34 or economicjustice@nedv.org.

summary of the organizations most recent financial audit with every application, no exceptions.

All applications must be faxed to (202)543-5626. If you have any questions, please contact the NNEDV Fund – Education and Job Training Fund Coordinator at (202)543-5566 ext. 34 or economicjustice@nedv.org.