**AGC CHARITIES, INC.**

**OPERATION OPENING DOORS APPLICATION**

**Application for Assistance for Operation Opening Doors**

**(Please Type or Legibly Print. Form Must be Completed in English.)**

**Name of Organization Applying:** Click here to enter name.

**Occupation/Job Title:** Click here to enter occupation.

**Employer:** Click here to enter name of Employer.  
**Business Address:** Click here to enter street.

**City, State and Zip:** Click here to enter city, state and zip.

**Telephone (Cell):** Click here to enter cell phone.

**Telephone (Work):** Click here to enter work phone.

**E-Mail Address:** Click here to enter e-mail.

**Briefly describe the nature of the operation opening doors project and provide details as to what audience will benefit from the program. Explain in detail the type of assistance being requested (attach additional sheets if necessary).**

Click here to enter text.

**Please provide the dates the project will ocur:**

**What is the estimated amount of financial assistance being requested?**

**Have you received financial or other assistance from AGC Charities in the preceding 12 months?** Choose an item.

**If yes, when:** Click here to enter date assistance received.

**Please provide where you would like your financial assistance payment mailed:**

**Address:** Click here to enter street address.

**City, State and Zip:** Click here to enter city, state and zip..

**Certification by Applicant:**

I certify that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal to grant assistance under this program.

I authorize AGC Charities to make any inquiries that it deems necessary to verify the accuracy of any information provided on this application or submitted in conjunction with the application.

I understand that AGC Charities may request additional information or documentation to make a determination as to the eligibility to receive assistance. I understand that the granting of such assistance is neither a right nor entitlement and that the Board of Directors of AGC Charities, Inc. shall have the sole discretion in determining whether I qualify for assistance.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please forward completed and signed application to your local chapter by fax or regular mail. You may also submit the completed application directly to AGC Charities, Inc. at the following address:**

**Monique Valentine**

**AGC Charities, Inc.**

**2300 Wilson Boulevard #400**

**Arlington, VA 22201**

**P 703-548-3118**

**F 703-837-5303**