

Business & Non-Profit Organization Intake Form

This form allows AA Grant Consulting Inc. to verify business/organizational eligibility, financial readiness, and project viability before investment into researching and locating funding opportunities and beginning the grant application and proposal writing process.

The following information requested are directly associated with grant applications.

Business/Organization Information	
Legal Entity Name	
Operating Name	
Business/Organization Type	☐ Incorporated Business ☐ Incorporated Organization 501(c)(3) ☐ Registered Charity ☐ Registered Society ☐ Social Enterprise ☐ Cooperative ☐ Other: _____
Business Number / Incorporation Number / EIN / CRA Registration Number / Registered Charity Number	☐ Business Number: _____ ☐ Incorporation Number: _____ ☐ Employer Identification Number: _____ ☐ CRA Registration Number: _____ ☐ Registered Charity Number: _____
Date of Incorporation	
Industry	
Subsector(s)	
Physical Address (e.g., suite/unit number, house/building number, street name, city, province/territory, postal code)	
Mailing Address (If different from physical address)	

Email Address	
Phone Number	
Website (URL)	
Business/Organization Socials	
Instagram	
Facebook	
LinkedIn	
Other (TikTok, X, Linktree, etc.)	
Primary Contact Details	
First & Last Name	
Job Title/Position	
Email Address	
Phone Number	
Legal & Tax Exemption Documents	
IRS Determination Letter	Proof of 501(c)(3) tax-exempt status ☐ Yes ☐ No ☐ Pending/In Process
Certificate or Articles of Incorporation	Verification of legal creation as a non-stock or non-profit entity ☐ Yes ☐ No ☐ Pending/In Process
Province/State Charitable Solicitation Registration	Proof of permission to collect donations in their home province/state ☐ Yes ☐ No ☐ Pending/In Process
Fiscal Sponsorship Agreement (If applicable)	☐ Yes ☐ No

If no direct 501(c)(3) status, do you have a signed agreement with the fiscal sponsor outlining fund management, fee structures, and exit terms?	☐ Yes ☐ No ☐ Pending/In Process
Governance & Administrative Structure — Bylaws	
Board of Directors (BOD)? (If yes, how many members?)	☐ Yes: _____ ☐ No
Number of officer roles who have decision-making/signing authority?	☐ 1 ☐ 2 ☐ 3
Board Meeting Frequency	☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
Board of Directors (U.S. law requires independent oversight – minimum 3 unrelated board members)	Board Member #1 (ex. Board Chair / Director at large) Full Name: Affiliations: Email: Phone Number: Board Member #2 (ex. Executive Director) Full Name: Affiliations: Email: Phone Number: Board Member #3 (ex. Treasurer) Full Name: Affiliations: Email: Phone Number:
Conflict of Interest Policy	Verification that board members and key employees sign annual disclosures regarding personal or financial ties to vendors/grants. ☐ Yes ☐ No
Fiscal Year Start Date	
Fiscal Year End Date	

Number of Full-Time Employees	
Number of Part-Time Employees	
Number of Volunteers	
Number of people benefiting, utilizing, or depending on programs/services offered?	
Financial & Compliance Records	
Completed an IRS Form 990 / 990-EZ / 990-N (e-Postcard)?	☐ Yes ☐ No
Registered Business/Organization Bank Account?	☐ Yes ☐ No
Current Operating Budget	Do you have itemized revenue sources and projected expenses for the fiscal year? ☐ Yes: \$ _____ ☐ No
Most Recent Financial Statement(s)	☐ Balance sheet ☐ Profit & Loss ☐ Unaudited statement(s) – standard for early-stage businesses/organizations ☐ None ☐ Other: _____
Current Financial Status	☐ Profitable ☐ Break-even ☐ Operating deficit ☐ Other: _____
Banking & Internal Controls Policy	Do you have written procedures detailing who has check-signing authority, spending thresholds, and cash-handling policies ☐ Yes ☐ No
Previous government funding or grants? (If yes, please list the most recent awards funds)	☐ Not applicable ☐ No ☐ Yes 1. _____ 2. _____

	3. _____
Project Scope & Funding Needs	
What is the project title and a 2–3 sentence overview?	Project Title: Project Overview:
Primary Project Category	☐ R&D/Innovation ☐ Operations ☐ Event ☐ Market Expansion ☐ Hiring/Training ☐ Capital Build ☐ Community Program ☐ Other: _____
Target Start Date	
Expected Completion Date	
Total Estimated Budget	
Target Grant Request Amount	
Any matching/secured funds? (If yes, provide amount in USD or CAN)	☐ Yes: \$ _____ ☐ No
Any in-kind contributions and/or donations? (If yes, provide item description and amount)	☐ No ☐ Yes 1. _____ 2. _____ 3. _____
Any additional information that would support your business/organization eligibility, financial readiness, and project viability?	

--	--