



**NAACP COLLECTIVE ACTION FUND  
AT THE TIDES FOUNDATION  
APPLICATION & SETUP FORM**

**TIDES FOUNDATION**

To apply to use the NAACP Collective Action Fund at the Tides Foundation for a state/area or local NAACP project, please provide the following information. State conferences should submit this form to the national office no later than . Branches should submit simultaneously to your state/area conference and to the NAACP national office. The national liaison and Fund Advisor is Paula Edme who can be reached at (212) 626-6402 or at [PEdme@naacpnet.org](mailto:PEdme@naacpnet.org). All applications must be submitted electronically to Ms. Edme.

<b>1</b>	President of the Branch or State/Area Conference making application:
<b>2</b>	Phone: _____ Cell Phone: _____ Email Address: _____
<b>3</b>	Name of NAACP Branch or State/Area Conference Raising Funds:
<b>4</b>	Address of Branch or Conference:
<b>5</b>	Branch/Conference EIN (tax ID) number:
<b>6</b>	Name of State/Area Conference (if Branch is raising funds):
<b>7</b>	How many donors will contribute to this fund? Will any of the donors give substantially more than others?
<b>8</b>	How much do you intend to raise for this project?
<b>9</b>	Please name all donors from which you anticipate raising funds. (You must amend this list in the future if new potential donors are identified. Feel free to add additional sheets as necessary.)
<b>10</b>	Please check the box(es) for the national NAACP priority or priorities for which you are raising funds: <input type="checkbox"/> Healthcare <input type="checkbox"/> Climate Justice <input type="checkbox"/> Legal Redress <input type="checkbox"/> Voting Rights/Civic Engagement <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Media Diversity <input type="checkbox"/> ACT-SO <input type="checkbox"/> Capacity Building
<b>11</b>	Please attach a detailed narrative not to exceed two (2) pages which clearly describes the following: 1. The specific project for which you are raising funds, including its eligibility for 501(c)(3) charitable contributions. 2. The people who are responsible for raising the funds, including their experience as fund raisers. 3. How the NAACP Branch or State/Area Conference will ensure that the project is successfully implemented including how the unit will deploy volunteers, meet donor expectations and ensure the project is well run. The goal of this narrative is to demonstrate and ensure that there is capacity to not only raise funds but also to accomplish the project for which funds are being raised.
<b>12</b>	The NAACP State Conference or Branch is responsible for any reporting required by a donor to their project. Please identify the person who will be responsible for said reporting.  Name: _____ Phone: _____  Email: _____

Signatures below indicate a commitment to the project described and to meeting the resulting fiduciary and programmatic duties.

\_\_\_\_\_  
Applicant Branch or Conference President Signature

\_\_\_\_\_  
Applicant Branch or Conference Secretary Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For use by NAACP National Office and State/Area Conference only (Conference Approval Only Necessary for Branch Application):

State/Area Conference approval: \_\_\_\_\_ National Office approval: \_\_\_\_\_