



SUMMARY SHEET FORM

Legal Name of Organization:

DBA (if applicable):

Mailing Address, City, State, and Zip:

Phone:

Fax:

EIN:

Website:

Name of CEO or Executive Director:

Phone:

Email:

Application Contact & Title (if not the CEO or Executive Director):

Phone:

Email:

Organization Information

Mission Statement:

Geographic Area Served (specific to this proposal):



Tax Exemption Status:

Year Founded:

- 501(c)(3)
- Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3), describe:

Number of Employees: Full-time:

Part-time:

Grant Request Information

Type of Grant Requested (select one):

Amount of Request: \$

- General Operating Support
- Program Support
- Capital Request
- Other

For requests other than general operating support, describe what the grant will be used for:

Financial Information

Organization's Current Budget for Fiscal Year Ending:

Income:

Expenses:

AND, if other than a general operating request,

Program or Capital budget:

Dates: from:

to:

Income:

Expenses:

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director

Date



NARRATIVE

- 1. ORGANIZATION BACKGROUND**

- 2. GOALS**

- 3. CURRENT PROGRAMS**

- 4. PROGRAM AND CAPITAL REQUESTS ONLY**

- 5. EVALUATION**

- 6. COLLABORATION**

- 7. INCLUSIVENESS**

- 8. BOARD/GOVERNANCE**

- 9. VOLUNTEERS**

- 10. PLANNING**

- 11. OPTIONAL**



FINANCIAL ATTACHMENTS

Attachment 3: Sources of Income Table

Sources of Income Table

Complete the table below for the organization as a whole, based on the most recently completed fiscal year. Categories may be modified.

<u>Percentage</u>	<u>Funding Source</u>
_____ %	Government grants (federal, state, county, local)
_____ %	Government contracts
_____ %	Foundations
_____ %	Business
_____ %	Events (include event sponsorships)
_____ %	Individual contributions
_____ %	Fees/earned income
_____ %	Workplace giving campaigns
_____ %	In-kind contributions (optional)
_____ %	Other _____

TOTAL MUST EQUAL 100%.