Grant Summary Page

2010 Grant Cycle

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Applicant: Organization: _____ Number of FTEs: _____

Mailing Address: _____ City _____State _____Zip _____

Email address: _____ Web: _____

Physical Address: _____ City _____State _____Zip _____

Contact Person: _____Title: _____Phone: _____

Type of Request: (operating, project, capital, etc.) _____

Amount Requested: $ _____ (Note: maximum grant award is $2,500.)

Number of people and geographic area to be served: _____

Purpose of this grant request (e.g. – to purchase curriculum for early drug-intervention targeted to grades 3-6.):

_____

_____

Organizational description:

_____

_____

_____

_____

12-month Program Goals:

_____

_____

Financial Information:

Current year operating budget: _____revenue; _____expenses; _____surplus/(deficit)

Prior year operating actuals: _____revenue; _____expenses; _____surplus/(deficit)

In percentages, what it the breakdown of support for your organizat□n or project? □

_____% Government _____% Private Foundations _____%Fees/Earned Income

_____% Corporations _____%Individuals _____% Other (explain) _____

Does your organization currently have an endowment? _____.