

## **ORGANIZATION INFORMATION**

ONGANIZATION IN ONMATION				
Applicant Organization:				
Mailing Address:				
City:	State:		Zip:	
Telephone:	Fax:		County:	
Website:				
Executive Director:		Email:		
Project Director (if different):		Email:		
Title (if different):		Phone:		
TAX STATUS  Tax Status (check one):				
Fiscal Sponsor Name:				
Legal Name, per IRS determination:				
Tax ID #: Date of IRS I		S letter:		
ORGANIZATION'S MISSION  Brief statement of organization's objectives and/or activities:				
Annual operating budget: \$		Audited?	Audited? Yes No	
SUMMARY OF REQUEST Funder to which inquiry is directed:  Date of inquiry:				
Project/Program Title:			ato oqy.	
Total Project/Program Budget: \$				
Amount requested: \$				
Timeframe for amount requested: From	•	To:		
Describe use of funds requested: (i.e. staff costs, consultant fees, materials)				
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## PROJECT/PROGRAM SUMMARY

Summary of Project or Program (suitable description to be shared with Foundation staff, board, and/or donors) 150 words or less.

Who will this project/program serve? (special populations, geographic area, community focus, organizational focus, etc.)

Provide one or more measurable outcomes you expect to achieve. Be specific (e.g., "In 2007, 90% of program participants will show improved reading scores as measured by standardized tests.")

Please list other support you are seeking from foundations/government agencies, as well as any potential partnerships with other nonprofits on this project.

## **COMMENTS**

Is there any other information we might need to better understand your request and/or the unique needs of the community that this request will serve?

**Thank you.** The funder will review your inquiry. He or she may request additional information or a full proposal, or will inform you that the funding organization is unable to support your request.