### Name/Address/Telephone/Website

#### **Primary Contact:**

#### **Grant Request**

Amount: Project Title: Type of Support:

Project Budget: Start Date: Term in Months: End Date:

Describe specific purpose for which any grant funds awarded from this foundation will be used:

Describe how a grant to your organization would further the foundation's mission and the priorities of the foundation.

Describe the objectives of the project or program to be funded:

Describe the implementation plan for the project or program. Include at least three specific actions your organization will take in order to achieve results:

What criteria does (or will) your organization use to measure the success of the project or program?

Briefly describe any formal or informal collaborative ventures your organization has established (or will establish) with other entities serving similar purposes that may be relevant to this grant request.
If this grant relates to an ongoing project or program, how long has the project or program been operating?
Provide any other relevant dates relating to the project or program for which grant funds would be used.
Provide a concise budget for the project listing major expense categories.
List other sources that may fund this project.

#### **Grant Demographics**

Program Area:
Location:
Population:
Age Group:
Ethnicity:
Gender:
Demographics
Comments:

#### Organization Background

Tax EIN: Legal Name: Tax Status: Tax Notes:

**Entity Type** 

Fiscal Agent Or Sponsor?

**Physical Address** 

Briefly summarize your organization's current mission.

People Board Members

Number Of Paid Staff, Full-Time

**Number Of Paid Staff, Part-Time** 

**Number Of Volunteers** 

# **Organization Finances**

## **Organization Annual Budget:**

Budget Changes
What Percentage Of Your Budget Is Allocated To Administrative Expenses?
For Fiscal Year Ending:
If Your Organization Did Not File A Tax Return For Its Prior Fiscal Year, Explain Why:
Contributions And Grants
Program Service Revenue
Investment Income
Other Revenue
Total Revenue
Program Services
Administration
Fundraising
Other Expenses

Tota	I Ex	per	ises

Revenue Less Expenses

**Total Assets** 

**Total Liabilities** 

Net Assets Or Fund Balances

NOTE: KINDLY SUBMIT ALL GRANT REQUEST FORMS TO: office@perkintrust.org