APPLICATION TO THE NESHOLM FAMILY FOUNDATION

DATE:

· **APPLICANT ORGANIZATION** ·

NAME: Year organization incorporated:

ADDRESS: Is the name at left the same as it appears
                                                                     on the IRS Letter of Determination?
                                                                     ☐ yes   ☐ no   If not, explain:

CHIEF EXECUTIVE'S NAME & TITLE:

CONTACT'S NAME & TITLE (if different):

TELEPHONE NUMBER: E-MAIL:

· ·

ORGANIZATIONAL INFORMATION

Number of full-time staff:

Number of part-time staff:

Number of volunteers:

GEOGRAPHIC AREA:

· ·

OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR: $

Fiscal Year: from   to

ENDOWMENT: $ _____

LINE OF CREDIT: $ _____ AMOUNT DRAWN:_____

ACCUMULATED DEFICIT? _____

SOURCES OF INCOME

Government:	Federal	%		Fees/earned income:	%
	State	%		Individual contributions	%
	County	%		United Way	%
	City	%	Workplace Campaigns (not United Way)	%
				Corporate &/or Foundation grants	%
				Special Events	%
				Membership	
				Other	

AMOUNT OF THIS REQUEST: $ FUNDS NEEDED BY:

TIME FRAME IN WHICH FUNDS WILL BE USED: from   to

IF CAPITAL CAMPAIGN: Time frame for completion

IF PERFORMING ARTS: Dates of production

Nesholm Family Foundation

PROJECT NAME:

PROJECT DIRECTOR:

TOTAL PROJECT COST: $

PERCENT THIS REQUEST OF PROJECT TOTAL: %

PROJECT COST PER CLIENT: $

PROJECT TYPE:
- ☐ CAPITAL: ☐ construction   ☐ renovation   ☐ equipment   (choose one)
- ☐ SPECIFIC PROGRAM
- ☐ OTHER (describe)

OTHER SOURCES OF REVENUE FOR THE PROJECT:
Pending/Amount: Committed/Amount:

Please do not exceed space allowed for each question:

1. WHO WILL PROJECT SERVE?

2. HOW MANY WILL PROJECT SERVE?

3. WHAT GEOGRAPHIC AREA WILL PROJECT SERVE?

4. HOW WILL THE PROJECT BE FUNDED IN THE FUTURE? (if applicable)