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?

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 %
REQUEST

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

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)