

New Canaan Community Foundation
YOUNG PHILANTHROPISTS FUND
GRANT PROPOSAL
COVER SHEET

Please answer all questions on this page; do not refer to attachments. Please print or type. (May be reproduced by computer in its exact form.)

Today's date: _____

1. _____
Legal name of organization Telephone & fax numbers

2. _____
Address of organization

3. _____
Chief executive officer (CEO) / Executive Director Title Email

4. _____
Contact person for this application, if different from CEO / Executive Director Telephone & fax and email

5. Principal purposes and services of your organization:

6. Geographic area served: _____

7. Number of persons served annually: _____; in each region where applicable, indicate the percentage from:
New Canaan: ____%; Norwalk: ____%; Stamford: ____%;
Other, please specify region _____: ____%.

8. Number of employees: _____ full-time; _____ part-time; _____ volunteers

9. Ethnic and gender representation:
a. Board: Total #: _____; percent minority: ____%; percent female: ____%
b. Staff: Total #: _____; percent minority: ____%; percent female: ____%
c. Population served: Total #: _____; percent minority: ____%; percent female: ____%.

10. Specific purpose for which funds are requested: _____ Is this is a new program? Yes No

11. Amount requested: \$ _____;
Period of time in which funds will be spent: from _____ to _____.

12. Organization's total budget: \$ _____; Project's budget (if applicable) \$ _____
Fiscal year: ____/____/____ to ____/____/____

13. Letter from IRS stating 501(c)(3) tax status: yes: ____ no: ____ (please attach copy)

14. _____
Signature of Board Chair, indicating approval Signature of CEO \ Executive Director