

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.

Today's date: _____

1. _____
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; **Number from New Canaan:** _____

9. **Number of Volunteers from New Canaan:** _____; **% of Total Volunteers:** _____

10. **Number of Donors from New Canaan:** _____; **% of Total Donors:** _____

10. **Specific purpose for which funds are requested:**

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 if necessary)

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