

THE DELEON CARTER FOUNDATION

YOUR ORGANIZATION

Name of organization.

Add any other name your organization is known as: _____

Mailing address: _____

City

State

Zip

County

Phone: _____ Fax: _____

Website: _____

Primary staff member:

Geographic area served: _____

Amount of this request: \$ _____ Total Operating budget (for year requested): \$ _____

The total number of members on your organization's governing board: _____

FINANCE

What were the total revenues and expenditures for the organization as a whole in the last two fiscal years?

Year:	Revenues	Expenditures:
_____	_____	_____
_____	_____	_____

What percent of your organization's budget in the last fiscal year was provided by any combination of federal, state, county and municipal government sources? _____%

FUNDING

Briefly describe fund-raising activities other than requesting The DeLeon Carter Foundation support. Report local funding and other types of community support and assistance received by your organization to support this request.

This proposal has been reviewed by the applicant's governing board and chief executive officer and approved for submission to The DeLeon Carter Foundation. Information provided pertains to the organization or institution that is applying for the grant and accepting responsibilities for any funds received.

Signature of non-staff, non-paid officer of the Board

Date

Print Name of non-staff, non-paid officer of the Board and Title

Date