

**R. HAROLD BURTON FOUNDATION
GRANT APPLICATION**

Date: _____

NAME OF YOUR ORGANIZATION: _____

GRANT AMOUNT SOUGHT ON THIS APPLICATION: _____

Street Address:

Mailing Address:

City/State/Zip:

Chair Person of your Board:

Organization Head:

Title:

Phone: _____ Ext: _____

E-mail _____

Contact Person:

Title:

Phone: _____ Ext: _____

E-mail _____

1. Purpose of your Organization (one paragraph):

2. Program/Project Description (not to exceed 200 words):

3. **Number of paid staff employed by your organization:** _____

4. **Key staff positions and annual salaries:** *(This information will be kept confidential.)*

Name and Title:	Annual Salary:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. **Request:**

- Grant amount sought on this application: \$ _____
- Total cost of project/program(s) for this grant: \$ _____
- Annual operating budget of your organization: \$ _____
- Previous annual dollar support for your organization from the Burton Foundation
Year _____ \$ _____
Year _____ \$ _____
Year _____ \$ _____

6. **Project timetable:** Begins (month/year): _____ Ends (month/year): _____

7. **Requested funds needed by:** (month/year): _____

8. **Other Potential Donors:**

List all individuals and organizations, both public and private (other than the R. Harold Burton Foundation), from whom you are still seeking contributions (cash or in-kind) for this project/program, but who have not yet responded to your request.

Name of Potential Donor:	Amount Sought:	Request made? (Indicate yes or no)	Completed/Expected
_____	\$ _____	Yes No	____ / ____
_____	\$ _____	Yes No	____ / ____
_____	\$ _____	Yes No	____ / ____
_____	\$ _____	Yes No	____ / ____
_____	\$ _____	Yes No	____ / ____

Total amount you are seeking from these sources: \$ _____

9. **Committed Donors:**

List all individuals and organizations (both public and private), who have made a contribution (cash or in-kind) or a firm pledge, toward this project/program. Also list the amount contributed or pledged.

Name of Committed Donor:	Amount Pledged or received:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(Use an attachment if necessary)

Total contributed/pledged to this project/program to date: \$ _____

10. Names and profession of Board Members for your organization:
(Please do not include addresses. Use a separate page if necessary.)

11. Financial Information:

- Attach a detailed budget for the program/project for which you are requesting a grant.
- Attach the current year's annual budget for your organization.
- Attach the most recent audited financial statements for your organization.
- Name of individual or organization preparing these financial documents:

Name:
Address:
Telephone:
Name of Primary Contact:

12. Attach an IRS 501(c)(3) Exemption Letter with your organization's Tax ID Number.

13. Attach a copy of your organization's most recent tax return (990PF). Should you desire to save paper, the tax return may be copied on both sides of the paper.

Signed: _____ Title: _____

_____ Title: _____