R. HAROLD BURTON FOUNDATION GRANT APPLICATION

	Date:
Name of your Organizati	ON:
GRANT AMOUNT SOU	SHT ON THIS APPLICATION:
Street Address: Mailing Address: City/State/Zip:	
Chair Person of your Board:	
Organization Head: Title: Phone: E-mail	Ext:
Contact Person: Title: Phone: E-mail	Ext:

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

3.	Which area of the Foundation's focus does this grant support? Education Science Literacy Health and Human Services
I.	Does the program/project primarily serve individuals in the greater Salt Lake Metropolitan area? Yes No (circle one) Explain the program/project's target population, including number of individuals served, demographics, and service area. (One short paragraph)
5.	Number of paid staff employed by your organization:
ó.	Key staff positions and annual salaries: (This information will be kept confidential.)
	Name and Title:
7.	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 Year S
3.	Project timetable: Begins (month/year): Ends (month/year):
).	Requested funds needed by: (month/year):
10.	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: S \$ \$ \$ \$
	(Use an attachment if necessary)
	Total contributed/pledged to this project/program to date: \$

11.	Names and profession of Board Members for your organization: (Please do not include addresses or other information. Use a separate page if necessary.)		
12.	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:		
13.	Attach an IRS 501(c)(3) Exemption Letter with your organization's Tax ID Number.		
14.	Attach a copy of Form 990 (page 1) and Schedule A of your organization's most recent tax return. Do not include other schedules unless otherwise requested.		
Signed	: Title:		
	Title:		