

CARROLL COUNTY FOUNDATION

P.O. Box 375
Carrollton, OH 44615
330-627-6500

Proposal Coversheet to Accompany Grant Proposal

Attach this completed form to your proposal and return 9 complete copies (both coversheet and proposal) to the above address. Please use removable fasteners such as paper clips instead of staples to hold your proposals together. Do not place copies in binders. This will help facilitate the processing of your grant application. The submission of this form does not constitute a completed application. Please see attached Guidelines and Policies for Grant Seekers before completing this grant application.

**Applications will be considered four times per calendar year
Submission Deadlines are January 15, April 15, July 15 and October 15.**

ORGANIZATION INFORMATION

(Name of Organization)

501(c)(3)* Government Agency Public School Private School Other (specify)

[Type of Organization (check one)]

(Address)

(Phone Number)

(Contact Person)

(Date Organization was established)

PROJECT INFORMATION

Amount Requested: \$ _____ Project Time Period: From _____ To _____

Name of Program/Project: _____

Brief Summary:

(Over)

***If you checked the 501(c)(3) box above include a copy of your organization's tax-exempt approval letter from the IRS.**

BOARD INFORMATION

Members of governing board: _____

Members of governing board who are paid staff: _____

Number of meetings held last fiscal year: _____

Average number of members attending each meeting: _____

FINANCIAL INFORMATION

Fiscal year for your organization (example July 1, 2005 to June 30, 2006): _____

Last fiscal year beginning and ending balance. Beginning: _____ Ending: _____

Total expenditures by your organization last fiscal year: _____

Total amount spent for fundraising for the last fiscal year: _____

Sources of income in the last fiscal year, noted by percentage:

Government	_____	Board Members	_____	Total	100%
United Way	_____	Individual Donors	_____		
Foundations	_____	Endowed Income	_____		
Corporate Donations	_____	Church Donations	_____		
Public Fundraisers	_____	Other	_____		

Signature of Chief Financial Officer _____

I certify that the above information is true to the best of my knowledge.

Name (please print): _____

Title: _____ Date: _____

Signature of Chief Executive Officer: _____