

Englewood Youth Foundation, Inc.
Financial Assistance Questionnaire

Please complete this form in its entirety. Indicate N/A if a question does not apply.

Name of Organization: _____

Address: _____

Telephone number (____) _____ Fax number (____) _____

Name and title of person preparing request: _____

Contact person, title, and telephone number _____

(Contact person should be someone able to answer questions regarding the organization as well as this request. Contact person may also be requested to meet with the Youth Foundation Board.)

Brief history (purpose and mission) of organization:

Age group and geographic area served:

Describe the project or program for which funding is requested:

Expected outcome of the project or program and proposed method of evaluating results:

Total budget of the program for which you are applying for funds? _____

Amount of grant requested: \$ _____

Describe how the program or project will be funded in the future:

Is this your first request of the foundation? _____
If no, what was the month and year of the most recent request? _____

Financial Information

Please complete the following information for your most recent fiscal year:

Fiscal year ending: _____

Total expenses: _____

Total receipts: _____

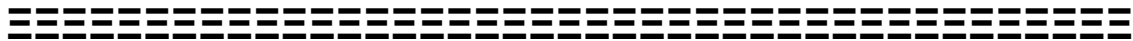
Please list other sources and amount of income:

Government: _____

Foundations: _____

Contributions: _____

Other (indicate specific source and amount):



For Youth Foundation Use:

Date reviewed: _____ Agency contact: _____

Grant given in prior year(s): \$ _____

Grant approved

Recommended amount: maximum \$ _____ minimum \$ _____

Grant denied

Reason(s) for denial: