



**GRANT APPLICATION COVER FORM FOR 2010-11 GRANT**

**Organization Name:** \_\_\_\_\_

**Contact Person (Name & Title):** \_\_\_\_\_

**Tax exempt I.D.:** \_\_\_\_\_ **Date Established:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Fax Number(s):** \_\_\_\_\_

**Website (if available):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Organization's Mission (2-3 sentences):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Geographical Area Served:** \_\_\_\_\_

**Name of project or program to be funded:** \_\_\_\_\_

**Focus Area of Giving (please circle ONE):**

**Health & Safety**

**Education**

**Character Development**

**Summary of grant proposal (2-3 sentences):**

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**Fiscal Year Dates:** \_\_\_\_\_

**Total Operating Budget for Current Fiscal Year Fiscal:** \_\_\_\_\_

**Estimated Operating Budget for Next Year Fiscal:** \_\_\_\_\_

**Total Budget for Proposed Program/Project:** \_\_\_\_\_

**Amount requested (\$20,000-\$25,000): \$** \_\_\_\_\_ **Date funding desired:** \_\_\_\_\_

**Percentage of total operating budget spent on:**

**Fundraising** \_\_\_\_\_% **General Administrative** \_\_\_\_\_%

**Are you a United Way agency?** \_\_\_\_\_

**If yes, what percentage of your funding comes from the United Way?** \_\_\_\_\_%

**If this project includes any of the following, please indicate the expected number:**

- **Full Time Staff** \_\_\_\_\_
- **Part Time Staff** \_\_\_\_\_
- **Volunteers** \_\_\_\_\_

As a representative for the applying organization, I verify that the above information is correct as of the date submitted and that any major change to this proposal prior to the selection of beneficiaries will be articulated to the Sharks Foundation in a timely manner. I further confirm that if selected as a beneficiary for the 2010-11 season, our organization will continue to provide updated program information to the Sharks Foundation on a regular basis.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Printed Name)