



APPLICATION COVER FORM FOR 2011-12 GRANT

Organization Name: _____

Tax exempt I.D.: _____ Date Established: _____

Are you a *public* charity as identified by the IRS? _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Website (if available): _____

Contact Person (Name & Title): _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Grant Writer (Name & Title): _____

Organization's Mission (2-3 sentences):

Geographical Area Served: _____

Name of project or program to be funded: _____

Focus Area of Giving (please circle ONE):

Education

Health & Safety

Character Development

Summary of grant proposal (2-3 sentences):

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** _____%

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 2011-12 season, our organization will continue to provide updated program information to the Sharks Foundation on a regular basis.

(Signature) (Date) (Title)

(Printed Name)