Oakes Area Community Foundation

ORGANIZATION INFORMATION	GANIZATION INFORMATION Date of Application://		
Legal Name of Organization	Telephone		
Mailing Address	City	State	Zip
Name of top paid staff (CEO, president, executive director)	Title	Telephone	
Contact person (if different from executive director) Is your organization an IRS 501(c)(3) not-for-profit? If no, is your organization a unit of government? If you answered no to both questions, your organization	Yes	No	
AMOUNT AND TYPE OF SUPPORT REQUES The dollar amount being requested: \$ Funds are being requested for (check where appro general operating support start-up costs project support	priate) techni capita	cal assistance	
If a project, give project durationmonth_ If operating support, fiscal year:month _	year to year to	monthyear monthyear	
BUDGET Total annual organizational budget: Total project budget (if applying for project support): PROPOSAL SUMMARY If operating or other support, rel Project name (if applying for project support): Please give a 2-3 sentence summary of the request:	late to the organization	on. If project support, relate to	the project.)
Geographic area served:			
 You must include the following in order to be conside 1. Copy of your current IRS 501(c)(3) Determination let 2. List of Board Members and their affiliations. 	ered for a grant:		
 Organizational and/or Project Budget. Financial statements from your most recently comple entities need not send financial statements.) 	eted fiscal year, whe	ether audited or unaudited.	(Schools and Governme

5. List names of corporations and foundations that you are soliciting for funding, with dollar amounts, indicating which sources are committed, pending, or anticipated.