

INITIAL PROPOSAL SUMMARY

Date: _____

Name of Agency: _____

Address: _____

Contact Person & Title: _____

Telephone: _____ **Fax Number:** _____

E-mail address: _____

501(c)(3): ____ Yes ____ No

Agency Purpose & Mission:

How many clients did your agency serve last year? _____

Total Current Year (Local) Agency Budget: _____

Date on which fiscal year begins: _____

Date incorporated: _____

Do you have audited financial statements? _____

If not, please explain: _____

Annual Salaries of Top Three Staff Members:

Title: _____ **Amount \$** _____ **Length of Service:** _____

Title: _____ **Amount \$** _____ **Length of Service:** _____

Title: _____ **Amount \$** _____ **Length of Service:** _____

List principal sources of support for your agency such as United Way, Children's Services Council, local foundations, government grants, special events, individual contributions, etc.

Purpose of this Grant:

Please include: (a) What the funds will be used for
(b) The objectives of the project and the expected results

Total Project Budget \$ _____

Amount Requested \$ _____

List funding sources for THIS project:

Applied for:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Committed:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Received:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Anticipated Project Start Date: _____

Mail completed application to:

**The Lost Tree Village Charitable Foundation, Inc.
11555 Lost Tree Way
North Palm Beach, Florida 33408**