

PROGRAM INFORMATION (CONTINUED)

WHAT OUTCOME OR RESULT DO YOU EXPECT FROM THIS PROGRAM?

WHAT SPECIFIC METRICS WILL YOU USE TO MEASURE THE EFFECTIVENESS OF THE PROGRAM?

IS THIS A NEW PROGRAM?

YES NO

HOW MANY STAFF SUPPORT THIS PROGRAM?

VOLUNTEERS

EMPLOYEES

WHAT IS THE TOTAL PROGRAM BUDGET?

ARE THERE OTHER PROGRAMS IN YOUR GEOGRAPHICAL AREA SIMILAR TO THE PROGRAM FOR WHICH YOU ARE SEEKING FUNDS?

YES NO

IF YES, PLEASE LIST

DOES YOUR PROGRAM RECEIVE UNITED WAY FUNDING?

YES NO

IF YES, PLEASE PROVIDE DETAILS OF THE AMOUNT AND MANNER OF UNITED WAY FUNDING

PLEASE LIST OTHER ORGANIZATIONS OR FOUNDATIONS YOU HAVE APPROACHED TO FUND THIS PROPOSAL, INDICATING THE DOLLAR AMOUNTS OF COMMITTED/PENDING FUNDS

ORGANIZATION APPROACHED	AMOUNT \$	COMMITTED OR PENDING

ORGANIZATION FUNDING

WHAT IS THE TOTAL BOARD-APPROVED ORGANIZATIONAL BUDGET? FISCAL YEAR END

LIST YOUR ORGANIZATION'S MAJOR SOURCES OF FUNDING (I.E., FEDERAL AND STATE GOVERNMENTS, PRIVATE DONORS, FOUNDATIONS, ETC.)

SOURCES	PERCENTAGE

REQUIRED DOCUMENTATION

- PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO YOUR COMPLETED APPLICATION:
- Full details of the program for which you are requesting funding, including:
 - Program goals and objectives
 - Project timeline
 - How a grant from Saint-Gobain would be used
 - An itemized budget for the project
 - A brief overview of the organization and a description of its history, mission, goals and key achievements
 - The IRS letter confirming the tax-exempt status of your organization as a 501(c)(3)
 - Proof of accreditation and the IRS Tax Identification Number for educational institutions
 - A current listing of your organization's officer and board of directors, including their affiliations
 - Your current board-approved organizational budget and the budget for the proposed project
 - Major sources of funding
 - A copy of your organization's most recent audited financial statement

SIGNATURE

EXECUTIVE'S SIGNATURE TITLE DATE

FOR FOUNDATION USE ONLY

FOUNDATION SECRETARY/OFFICER APPROVAL

DATE

REQUEST ID NUMBER

AMOUNT PAID

CHECK NUMBER

CHECK RUN DATE

FORWARD CHECK TO NAME AND ADDRESS (IF DIFFERENT THAN CONTACT NAME AND ADDRESS)

COMMENTS