

TheJoyceFoundation

70 W. Madison Street, Suite 2750, Chicago, Illinois 60602

GRANT PROPOSAL COVER SHEET

Please attach completed sheet to your proposal.

Name of Applicant _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Web site _____

CEO _____ Telephone () _____

Project Manager _____ Telephone () _____

Financial Contact _____ Telephone () _____

Date Organization Began Operations _____

Number of Staff _____ Full-time _____ Part-time _____

Total Revenue (for most recently completed fiscal year) \$ _____

Total Operating Expenses (for most recently completed fiscal year) \$ _____

Estimated Duration Dates of Project _____ Beginning _____ Ending _____

Budget (Multi-Year Request)

	2011 (1 st year)	2012 (2 nd year)	2013 (3 rd year)	Total
Budget Total	\$ _____	\$ _____	\$ _____	\$ _____
Requested From Joyce	\$ _____	\$ _____	\$ _____	\$ _____

Brief Description of Project _____

Geographic Area Served by Project _____

Beneficiary Group(s) Targeted by Project (racial, ethnic, gender, age, income level) _____

IRS Public Charity Status (circle one): 509(a)(1) 509(a)(2) 509(a)(3)

If a 509(a)(3) Supporting Organization, Type I, II or III? _____

Other IRS Designation: _____

Federal Tax-Exempt Number (EIN): _____

Proposal must arrive at the Joyce Foundation by the proposal deadline and must include the following:

- | | |
|--|---|
| <input type="checkbox"/> Executive summary | <input type="checkbox"/> Organizational expenses and income |
| <input type="checkbox"/> Information on the project | <input type="checkbox"/> Board members |
| <input type="checkbox"/> Description of the organization | <input type="checkbox"/> IRS verification |
| <input type="checkbox"/> Itemized project budget | <input type="checkbox"/> Audited financial statements |
| <input type="checkbox"/> Key-project contacts and their qualifications | <input type="checkbox"/> IRS Form 990 |