

The Community Foundation for South Central New York 2010 Grant Contact Information Form

Please type or print this form – *Do Not Scan*

Date Submitted: _____
Agency: _____ Years in Operation: _____
Mailing Address: _____
Project Title: _____
Total project cost: \$ _____ Amount of request to CF: \$ _____
Amount <i>committed</i> from all sources for project so far: \$ _____
Timeline for proposed project: From _____ To _____

Contact Person for Proposal: _____ Title: _____
Telephone: _____ Contact E-mail address: _____
Executive Director: _____ Telephone: _____
Director's E-mail address: _____ Agency FAX: _____
Do you have a 501(C)(3)? _____ (Enclose <u>one</u> copy of current IRS 501(C)(3) letter)
During the last 5 years has the agency had any deficit? _____ Yes _____ No If yes, please explain: _____ _____
When was your last independent outside audit conducted? _____
Print name/title/address (home or work) of Board Chair: _____ _____
(Form must be signed below by Executive Director or by a Board <u>officer</u>):
_____ (Print or type name of person signing) Title
_____ Signature (Proxy signatures not acceptable) Date (acknowledging notification of proposed project)

Please return this form with your proposal to: Robert Jensen, Program Officer
The Community Foundation for South Central New York
70 Front St., Binghamton, NY 13905
Proposal inquiries: 607-772-6773