

SG Foundation Proposal Cover Sheet

Legal Name of Applicant Organization: _____

Mailing Address: _____

Location(s) if different from above: _____

Executive Director: _____ Contact Person: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

501c3 Granted ☐ 501c3 Fiscally Sponsored ☐

Tax ID Number: _____

Project Name and Location: _____

Funds will pay for: _____

Grant Request Amount: \$ _____

Total Project Budget: \$ _____

Anticipated Beneficiary Numbers: _____

Grant Period From: _____ To: _____

Total Organizational Budget for Current Year: \$ _____

Fiscal Year Begins: _____

Summarize the organization's mission statement (2-3 sentences):

Summarize your grant request (2-3 sentences):

- ☐ We certify that we will submit a 1-3 page final report no later than 4 weeks after the grant period ends.
- ☐ We consent to SG Foundation contacting existing donors.

Signed _____

Date _____