

**ROCHESTER AREA FOUNDATION
GRANT APPLICATION COVER PAGE**

Date of application: _____

General Information

Name of organization _____

Date Established _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Contact Person _____

Title _____

E-mail _____

Project Director _____

Title _____

E-mail _____

Total Project Budget

Amount Requested

From ___ / ___ / ___ To ___ / ___ / ___

Project Duration

When are funds needed? _____

If you were to receive funding from the Foundation, please describe your plans to publicize the award:

Project Summary

Authorized Signature: _____

Title: _____

Statistical Information Form

Organization Name _____

Contact _____

Phone _____

Racial/Ethnic Composition

African American
 Asian American
 Caucasian
 Hispanic
 Native American
 Pacific Islander
 Other

Paid & Unpaid Staff

 # _____
 # _____
 # _____
 # _____
 # _____
 # _____

Board

 # _____
 # _____
 # _____
 # _____
 # _____
 # _____

Total

Gender

Female
 Male

 # _____

 # _____

Total

Persons With Disabilities

Physical
 Mental

 # _____

 # _____

Total

Annual Operating Revenue

Government _____ %
 United Way _____ %
 Fees and Dues _____ %
 Donations/Gifts _____ %
 Interest Income _____ %
 All Other Sources _____ %

Total

_____ **100%**

How much did your organization spend during the most recent fiscal year in fundraising? \$ _____

Has your organization employed a professional fundraiser in the last five years? _____ (Yes or No)