

FOUNDATION

for Seacoast Health

100 Campus Drive, Suite 1

Portsmouth, NH 03801

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E-mail: fsh@communitycampus.org

PROPOSAL COVER SHEET

Please type your response or duplicate this form on your computer

Date:

Name of Applicant Organization:

Telephone #:

Address:

E-mail Address:

CEO/Executive Director:

Contact for this proposal: (if different)

Telephone #:

Contact Address: if different from above)

E-mail Address:

Fiscal Agent: (if applicant is not a 501(c)3 organization)

Application for (please specify amount): \$

Total Project Cost: \$

Total Operating Budget: \$

Please respond briefly in the spaces provided. A more detailed description should be included in your full proposal.

PLEASE PROVIDE BRIEF DESCRIPTION OF PROPOSED PROJECT:

PLEASE SUMMARIZE PROJECT OBJECTIVES: (What will be accomplished with the funding requested?)

ORGANIZATION PROFILE

Describe current services provided by the applicant organization:

Geographical area served:

Year founded:

Number of Paid Staff: (specify # full and # part-time)

Number of Directors/Trustees:

Number of Volunteers:

Other: (describe)

FINANCIAL SUMMARY

Provide information from most recent audit or annual financial statement:

Last Fiscal Year (FY) ended date \$ _____

Last FY total expenditures * \$ _____

Last FY total income \$ _____

*If operating surplus or loss is more than 5% of total income, please comment:

Total Net Assets \$ _____

Current (Projected) FY

 Operating budget \$ _____

	LAST FISCAL YEAR	
Sources of Support	Amount	%
Government grants & contracts	\$ _____	_____
Program fees/sales/ 3 rd party payments	\$ _____	_____
Endowment/interest income	\$ _____	_____
Other earned income	\$ _____	_____
United Way Contributions:	\$ _____	_____
• Business	\$ _____	_____
• Individuals	\$ _____	_____
• Foundations	\$ _____	_____
• Other	\$ _____	_____
TOTAL	\$ _____	_____

PROJECT REVENUE AND EXPENSE BUDGET

Dates: _____ to _____

Revenue *	FSH Request	Other Foundations	Public Sources	Fundraising	Your Agency Contribution	Other Revenue	Total
FSH funding request							
Other Foundations **							
Public Sources							
Fundraising							
Your Agency Contribution							
Other Revenue (Please list sources)							
Total Income							

* Note: Please indicate which funds are committed (c) or pending (p).

** Please provide total here with details in narrative.

Total Project Expenses	FSH Request	Other Foundations	Public Sources	Fundraising	Your Agency Contribution	Other Revenue	Total
Personnel: Project Coordinator Other Staff (Itemize Staff in budget narrative)							
Program materials/supplies							
Outreach and marketing							
Phone/Fax							
Office Supplies							
Equipment							
Overhead (please list)							
Other Expenses (please list)							
Total Expenses							

Please attach a budget narrative to clarify all Revenue and Expense line items.