









**Expenditures:**

<b>Salaries</b>	
<b>Rent/Utilities</b>	
<b>Other Costs</b>	
<b>Capital Costs</b>	
<b>TOTAL</b>	

**Revenue:** (List all potential partners/ sources of funds and results to date)

<b>Source</b>	<b>Purpose for which these funds will be used</b>	<b>Amount</b>	<b>Status</b>
<b>TOTAL</b>			

**OTHER FINANCIAL CONSIDERATIONS**

What would happen if the Foord Family Foundation provided only a portion of the amount requested?

(Max 0 words)

If this is an on-going program, how will it be sustained after the initial funding period? (Max 80 words)

Have you previously received a grant from the Foord Family Foundation?      Yes      No

Amount of grant: \$                      Date received:

If so, what was the grant used towards and **what was the outcome?** (Max 100 words)

Where did you hear about us?

Previous Applicant

Online (please specify)

Other (please specify)

**AUTHORIZATION** *(This application must be signed by two Board Directors or one each of the Executive Director and a Board Director)*

Do you understand that as an applicant, you are responsible for the grant monies and for the successful completion of this initiative? *(Check box below)*

Yes

Do you understand that should you receive a grant from the Foord Family Foundation, you are required to submit a final report within one year of receiving the grant? *(Check box below)*

Yes

\_\_\_\_\_  
Signature of Applicant Organization  
Executive Director/First Director

\_\_\_\_\_  
Signature of Applicant Organization  
Second Director

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE ATTACH THE ORGANIZATION’S MOST RECENT FINANCIAL STATEMENTS**