172 Prospect Hill Road, Brewster, NY 10509 Tel 914.949.2000 Fax 914.949.2075 www.peckham.com

Peckham Family Foundation Grants Committee Application

Basic Program Support

Application deadline:

Organization's Legal Name	:				
AKA (also known as):					
Mailing Address:					
City, State, Zip:					
Contact Person				Title	
Telephone:				Fax:	
E-mail				Website	
Board President:					
Is your organization an IRS profit?	501(c	(3) not-for-	Yes	☐ No	
Federal Tax Exempt #:			Date of 502		
Total projected income for current fiscal year:	\$		Current fise (month/da	cal year ends or y/year):	1

Y2023 Grant Request:	\$	This request is what % of your total income from your last completed fiscal year:	%
Brief description of how this g			
brief description of non-time B	Tane tim be used by your o	18011200011	
las your organization received	l a grant from the Peckhar	n Family Foundation previo	ously?
las your organization received		n Family Foundation previo	ously?
Yes N	0		ously?
	0		ously?
Yes No	0		ously?
Yes No	o ceived in the last three to		ously?
Yes No	o ceived in the last three to		ously?
Yes No	o ceived in the last three to		ously?
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Yes No	o ceived in the last three to		ously?
Yes No	o ceived in the last three to		ously?
Yes No	o ceived in the last three to		ously?
Yes No	o ceived in the last three to		ously?

Organizational Information

1.	What is your organization's mission? Please describe your organization's
	primary programs, activities, and services in support of your mission. You may attach
	up to one additional page.

2.	How often does your Board of Directors meet annually?	
	How many persons serve on your Board of Directors?	
	Are your board members volunteers or compensated?	

3. Are there any unusual or special considerations unique to your *organization* that warrant special consideration by the Grants Committee? If so, please explain.

4. For all organizations:

	2020 (actual)	2021 (actual)	<u>2022</u> (estimate)
How many people does your organization serve annually?			
How many children/youths does your organization serve annually?			

Income and Expense Form

Please reflect actual income and expenses for the years listed.

2020-2021 or calendar year 2021	2021-2022 or calendar year 2022	INCOME	Request Year 2022-2023 or calendar year 2023
2021	2022	1. Admissions/Memberships	year 2025
		2. Contracted Services	
		3. Tuition/Class Fees	
		4. Other Earned Income (specify)	
		5. TOTAL EARNED INCOME	
			_ L
		6. Gross from Fundraising Events	
		7. Corporate/Business Support	
		8. Foundation Support	
		9. Individual Support	
		10. Other Private Support (specify)	
		11. Government Support: Federal	
		12. Government Support: State	
		13. Government Support: County	
		14. Government Support: All Other	
		15. Other Unearned (specify)	
		16. TOTAL UNEARNED INCOME	
		17. TOTAL INCOME	
		EXPENSES	
		18. Personnel: Administrative	
		19. Personnel: Development/Fundraising	
		20. Personnel: Other	
		21. Fringe Benefits	
		22. Outside Fees/Services	
		23. Office Rent	
		24. Travel	
		25. Marketing / Advertising	
		26. Fundraising	
		27. Remaining Operating Expenses	
		28. TOTAL EXPENSE	
		29. SURPLUS (DEFICIT)	
		30. Total In-Kind Contributions	

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Fina	ncial	l Into	rmation

. Please explain any unu year to year.	sual budget variances (income or expense) from
. If your organization has deficit reduction plan.	a cumulative deficit, report total amount and detail your
elping to assure geographi	
elping to assure geographi Legislative District Infor State District Do not leave blank or us	mation for Your Organization
Legislative District Informatures & Certific Legislatures & Certific Legislatu	mation for Your Organization e names. If you do not know your district numbers, go to /wyr/welcome.shtml to locate the district number.
Legislative District Information State District Do not leave blank or us https://forms.house.gov ignatures & Certific authorizing Official (Require applicant; (2) has knowledged ommittee grant guidelines	mation for Your Organization e names. If you do not know your district numbers, go to /wyr/welcome.shtml to locate the district number. ations ed) The undersigned certifies that he/she: (1) is a principal officer of edge of the information presented herein; (3) has read the Grants (4) on behalf of the applicant releases the Grants Committee, its