

## 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 501(c)(3) not-for-profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Federal Tax Exempt #:		Date of 501(c)(3) incorporation:	
Total projected income for current fiscal year:	\$	Current fiscal year ends on (month/day/year):	

<b>Y2024 Grant Request:</b>	\$	This request is what % of your total income from your last completed fiscal year:	%
Brief description of how this grant will be used by your organization:			

**Has your organization received a grant from the Peckham Family Foundation previously?**

- Yes
  No

**If yes, please list the Grants received in the last three to five years:**

Year (most recent year listed first)	Amount

## 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:

	<u>2022</u> (actual)	<u>2023</u> (actual)	<u>2024</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.

2021-2022 or calendar year 2022	2022-2023 or calendar year 2023	INCOME	Request Year 2023-2024 or calendar year 2024
		1. Admissions/Memberships	
		2. Contracted Services	
		3. Tuition/Class Fees	
		4. Other Earned Income (specify)	
		<b>5. TOTAL EARNED INCOME</b>	
		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)	
		<b>16. TOTAL UNEARNED INCOME</b>	
		<b>17. TOTAL INCOME</b>	
		<b>EXPENSES</b>	
		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	
		<b>28. TOTAL EXPENSE</b>	
		<b>29. SURPLUS (DEFICIT)</b>	
		30. Total In-Kind Contributions	

## Financial Information

1. Please explain any unusual budget variances (income or expense) from year to year.
2. If your organization has a cumulative deficit, report total amount and detail your deficit reduction plan.

**3. Congressional District.** We collect Legislative District information solely as a means of helping to assure geographical “fairness”:

### Legislative District Information for Your Organization

State \_\_\_\_\_ District \_\_\_\_\_

Do not leave blank or use names. If you do not know your district numbers, go to <https://forms.house.gov/wyr/welcome.shtml> to locate the district number.

## Signatures & Certifications

**Authorizing Official (Required)** The undersigned certifies that he/she: (1) is a principal officer of the applicant; (2) has knowledge of the information presented herein; (3) has read the Grants Committee grant guidelines; (4) on behalf of the applicant releases the Grants Committee, its employees or agents with respect to damages to property or materials submitted in connection herewith.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_