

Organization Overview

Organization Name
Organization Address
Year Founded
Website

Contact Information

Primary Contact Name
Primary Contact Title
Primary Contact Email
Director/CEO Name
Director/CEO Email

Proposal Summary

Requested Amount
Project/Program Title
Project/Program Summary
Total Organization Budget
Total Program Budget
Counties/Cities Served
How many youth does the program for which you are applying serve?
What percentage of youth served are low-income?

Overview: The Morris Stulsaft Foundation team will be looking at materials and information found on your website. Please use the questions below to highlight or share information that may not be on your website. You may also include any relevant links to videos, annual reports, or other materials you feel would be helpful for us to review.

Though there are no set word limits, we ask that you try to keep the overview to two pages.

1. Is your organization affiliated with, or a subsidiary of, a statewide or national organization? If yes, please describe the nature of the relationship.
2. Describe the work of your organization and how the requested program aligns with the Morris Stulsaft Foundation's guidelines.
3. Please share something that is unique about your program, and a challenge your organization faces.
4. (Optional) Was there anything we didn't ask that you wanted us to know?

Attachments

- Organization Financials
- Program Financials
- List of Board of Directors
- [Funder Worksheet](#)