

Office Use Only Date Received:

Grant Application Form (Use back of page if additional space is required.)

Date:				
1)	Legal Name of Organization:			
2)	Mailing Address:			
3)	Contact Person:	Telephone:		
	Position/Title:			
	Authorized Signature (CEO, Executive Director):			
	Title:	Email:		
	501 c3 Non-profit #:			
4)) Briefly describe the applicant organization, its programs and population served.			
5)	5) Brief description of the project/program for which you are seeking funds.			
6)	Service area of project/program for which you are seeking funds (allocate if necessary).			
7)	Total cost of the proposed project/program:	\$		
8)	Amount requested from Bellevue Community Foundation:	\$		
9)	Funding period — From://	to/		

Sources of funds (list):	\$	
and amount of each	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	Total Revenues: \$	
Expenses (list):	\$	
	\$	
	\$	
	\$	
<u></u>	\$	
	\$	
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Please provide additional information that may be helpful in understanding the above budgetary figures.

(Use back of page if additional space is required.)

A. PROBLEM/PURPOSE: Describe what the project will accomplish, what ber community need it will meet.	nefits it will provide and what
B. IMPLEMENTATION: How will this project be accomplished? By whom, whe numbers and timetable.	re, when, etc.? Provide
C. SIZE AND DURATION: How many people will be served or affected by this What percentage of the people served or affected are Bellevue residents?	project and for how long?
D. COORDINATION: Who else is addressing this need? Are there any coordina them? How does this project's approach differ from other already established efforts?	tion efforts between you and?
E. CONTINUATION: Will this project require continued funding? If so, identify the	ne source of this future funding