

For Internal Use Only
Inquiry #
GP accepted: YES / NO
Response sent:

Harrell Family Charities
Established 2016

Grant Proposal

*Please upload the completed form on www.HarrellFamilyCharities.org.
Please print or type your responses directly on the form.*

Name of Organization (as it appears on tax-exempt letter from the IRS)

Common Name of Organization (if different)

EIN#

Main Address

City

State

ZIP

Web address

Telephone No.

Name and Title of Head of Organization

Name and Title of Contact Person (if different from above)

E-mail address

Telephone No.

1. Organization Mission Statement:

2. Category of Request (select all that apply):

- ☐ Christian
- ☐ Health Care
- ☐ Education
- ☐ Community Enrichment/Development
- ☐ Other

3. Amount Requested: \$ _____ Project's Total Budget (if applicable) \$ _____

4. Organization's total revenues from most recent fiscal year audit or 990: \$ _____

Fiscal year: _____

5. Provide the annual compensation for the organization's three most highly compensated employees. Please include the Executive Director or its equivalent, if that person is not among your three most highly compensated employees.

- 1) _____
- 2) _____
- 3) _____
- _____

6. Geographic Area Served by Organization: _____

7. Target Population: _____ Approximate number served annually: _____

8. Number of individuals served: _____% Women. _____% Men. _____% Youth

*If you have any demographic requirements, list here:

9. Last grant received from Harrell Family Charities:

Date _____ \$ _____

Purpose:

10. Please describe the principal purposes and services of the organization.

11. Please summarize the grant request (use additional pages if needed):

*Signature of Executive Director/Chief Executive Officer

Date

Please do not include videos, books or clippings.