

# TheJoyceFoundation

321 North Clark Street, Suite 1500, Chicago, Illinois 60654

## GRANT PROPSAL COVER SHEET

Please attach completed sheet to your proposal.

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

**CEO** **PROJECT MANAGER** **FINANCIAL CONTACT**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_ Email \_\_\_\_\_

Date Organization Began Operations \_\_\_\_\_ Number of Staff \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Total Revenue ( for most recently completed fiscal year) \$ \_\_\_\_\_

Total Operating Expenses ( for most recently completed fiscal year) \$ \_\_\_\_\_

Estimated Duration Dates of Project: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

<b>Budget (Multi-Year Request)</b>				
	2013 (1 <sup>st</sup> year)	2014 (2 <sup>nd</sup> year)	2015 (3 <sup>rd</sup> year)	Total
Budget Total	\$	\$	\$	\$
Requested From Joyce	\$	\$	\$	\$

Brief Description of Project \_\_\_\_\_

Geographic Area Served \_\_\_\_\_

Beneficiary Group(s) Targeted by Project (racial, ethnic, gender, age, income level) \_\_\_\_\_

IRS Public Charity Status (check one) 509(a)(1) 509(a)(2) 509(a)(3) Other IRS Designation \_\_\_\_\_

If a 509(a)(3) Supporting Organization, Type I, II, or III? \_\_\_\_\_ Federal Tax-Exempt Number (EIN) \_\_\_\_\_  
(additional information will be required)

**Proposal must arrive at the Joyce Foundation by the proposal deadline and must include the following:**

- Executive summary
- Information on the project
- Description of the organization
- Itemized project budget
- Key-project contacts and their qualifications
- Board members
- Organizational expenses and income
- Audited financial statements
- IRS Form 990
- IRS determination letter