

CHARLES LAMAR FAMILY FOUNDATION

Proposal Summary Sheet

Please type. If you recreate this on your computer, include all the requested information. One page limit.

Contact Information:

Applicant Organization's Name: _____

Date incorporated as a 501(c)3: _____ OR _____ Applied for 501(c)3; not awarded yet.

Program or Project Name: _____

Executive Director (if none, Board President): _____

Program or Project Director: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Web Page: _____

Fiscal Agent's Name (if applicable): _____

_____ Fiscal agent's 501(c)3 verification and letter of agreement enclosed

Applicant Organization's Mission (no more than 50 words):

Program/Project Summary (no more than 50 words):

Problem or need the organization wants to address (no more than 50 words):

Activity Period:

Amount Requested:

\$ _____

Geographic Service Area:

Applicant Organization's Area of Interest/Focus (check one):

Animal Welfare Conservation/Preservation Social Services
 Arts/Culture Education Other
 Community Development Medical/Health

Attachment Checklist:

Names/Qualifications of Staff 501(c)3 Verification Board List
 Program/Project Budget Board Authorization
 Brochure, Clipping, Etc. (Optional) Last and This Fiscal Year's Financial Statements