<u>morris stulsaft</u> FOUNDATION

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