



ATHERTON FAMILY

FOUNDATION

Grant Application Cover Sheet

Page 1 of 2. Please complete both pages.

Organization	
Name:	Website:
Address:	Tel:
City, State, Zip:	Fax:
Executive director If no ED, name chief compensated staff person.	
Name:	E-mail:
Title:	Tel:
Contact person for this project	
Name:	E-mail:
Title:	Tel:
Project	
Project title:	
Amount requested: \$	
The purpose of this project is: (one sentence)	
Attach all documents listed below. Incomplete applications will be returned.	
<input type="checkbox"/> Proposal narrative	
<input type="checkbox"/> Project budget showing: <ul style="list-style-type: none">▪ Anticipated income (source, amount, restrictions, and whether secured or pending)▪ Anticipated expenses (overall expenses, and expenses for which Atherton grant will be used)	
<input type="checkbox"/> Board of directors list	
<input type="checkbox"/> IRS 501(c)(3) determination letter (not required if applying through a fiscal sponsor)	
<input type="checkbox"/> Organization's annual operating budget for the current year	
<input type="checkbox"/> Organization's balance sheet for the most recently completed fiscal year	
<input type="checkbox"/> Organization's income statement (or profit/loss statement) for the most recently completed fiscal year	
<i>Audited financial statements are preferred but not required.</i>	
<i>Local units of national organizations must submit local unit financial information.</i>	

