



GRANT COVER SHEET

Bainbridge Community Foundation
Marge Williams Office Center
221 Winslow Way West, Box 305
Bainbridge Island, WA 98110

Organization Name: _____

Mailing Address: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Site: _____

Executive Director: _____

Contact Person (if different): _____

Telephone: _____

E-mail: _____

Amount requested: _____

Purpose of grant: _____



GRANT COVER SHEET
(Continued)

Operating budget for current fiscal year: _____

Sources of income for current fiscal year: _____

- Government: _____%
- Earned income: _____%
- Contributions from individuals: _____%
- United Way/Federal Combined Campaign: _____%
- One Call For All: _____%
- Foundations: _____%
- Corporations/Matching Contributions: _____%
- Special events: _____%
- Memberships: _____%
- Other: _____%

Total full-time equivalent employees: _____

Number of individuals served in the past fiscal year: _____