



The Andrea-Mennen Family Foundation

If one child can make a difference, imagine many...

“Quick Overview”

Organization name: _____ Date: _____

Tax ID number _____ Date incorporated _____

Address: _____ City, State & Zip: _____

Contact Person & Title _____ Phone No. _____

Project Title: _____ Project Purpose: _____

Is this a new project YES _____ NO _____

Is this an on going project and if so why and what is your projected cost for the next 5 years

Have you secured other funding for this project YES _____ NO _____

If YES how much and what percentage does that reflect of the overall project cost:

Organization overall fund raising cost: \$ _____ % _____

Administrative overall costs: \$ _____ % _____

Type of grant requesting: _____

Amount \$ _____ Option 1 \$ _____ Option 2 \$ _____ Option 3

Principle source of support:

_____ % Individual contribution _____ % Foundations _____ % Corporations

_____ % Government Funding _____ % Other