

EDWIN PHILLIPS FOUNDATION
INSTITUTIONAL GRANT PROPOSAL COVERSHEET

Please provide us with the following information. This coversheet is intended as a summary only. We ask that you restrict your answers to the space provided, and that any additional comments be made in the formal proposal you submit with the coversheet.

Please provide us with the following information, attach additional sheets if further explanation is necessary or is requested.

1. Name, Address, Telephone Number of Organization, Name of Contact Person and email address.

2. Federal Tax Status and Date of IRS Determination Ruling:

3. Mission of Organization

4. Please Check the Services Provided by Your Organization:

Education Hospitalization Convalescence
 Family Services Respite General Social Services

5. AMOUNT OF FUNDS REQUESTED:\$ _____

6. PURPOSE OF REQUEST:

7. Total Budget of Organization: \$ _____
 Sources of operating funds (% of total operating budget from each source):

Federal	_____	Individuals	_____
State	_____	Endowments	_____
City	_____	Mkt Value of Fund:	_____
Fees	_____	United Way	_____
Foundations	_____	Other	_____
Corporations	_____	Explain:	_____

8. Approximate Geographic Location, Size and Description of Population Served:

9. Total Budget of Project, if applicable: \$ _____
 List amount anticipated from each source:

Federal	_____	Individuals	_____
State	_____	Endowments	_____
City	_____	Mkt Value of Fund:	_____
Fees	_____	United Way	_____
Foundations	_____	Other	_____
Corporations	_____	Explain:	_____

We encourage you to provide us with any letters of recommendation or other endorsements that have been received by your organization or any press reports about your programs.

Please submit proposals without the use of binders or covers.

Please MAIL application to:

Edwin Phillips Foundation
 P.O. Box 1328
 Marshfield, MA 02050

Applications are not accepted via email.