



Peckham Industries, Inc. / Peckham Family Foundation

BASIC PROGRAM SUPPORT

Application deadline:

Organization's Legal Name:			
AKA (also known as):			
Mailing Address:			
City, State, Zip:			
Contact Person		Title	
Telephone:		Fax:	
E-mail		Website	
Board President:			
Is your organization an IRS 501(c)(3) not-for-profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Federal Tax Exempt #:		Date of 501(c)(3) incorporation:	
Total projected income for current fiscal year:	\$	Current fiscal year ends on (month/day/year):	

Y2020 Grant Request:	\$	This request is what % of your total income from your last completed fiscal year:	%
Brief description of how this grant will be used by your organization:			

Has your organization received a grant from the Peckham Family Foundation previously?

Yes No

If yes, please list the Grants received in the last three to five years:

Year (most recent year listed first)	Amount

ORGANIZATIONAL INFORMATION

1. **What is your organization’s mission? Please describe your organization’s primary programs, activities and services in support of your mission. You may attach up to one additional page.**

2. **How often does your Board of Directors meet annually? _____**
How many persons serve on your Board of Directors? _____
Are your board members volunteers or compensated? _____

3. **Are there any unusual or special considerations unique to your *organization* that warrant special consideration by the Grants Committee? If so, please explain.**

4. **For all organizations:**

	<u>2018</u> (actual)	<u>2019</u> (actual)	<u>2020</u> (estimate)
How many people does your organization serve annually?			
How many children/youth does your organization serve annually?			

INCOME AND EXPENSE FORM

Please reflect actual income and expenses for the years listed.

2017-2018 or calendar year 2018	2018-2019 or calendar year 2019	INCOME	Request Year 2019-2020 or calendar year 2020
		1. Admissions/Memberships	
		2. Contracted Services	
		3. Tuition/Class Fees	
		4. Other Earned Income (specify)	
		5. TOTAL EARNED INCOME	

		6. Gross from Fundraising Events	
		7. Corporate/Business Support	
		8. Foundation Support	
		9. Individual Support	
		10. Other Private Support (specify)	
		11. Government Support: Federal	
		12. Government Support: State	
		13. Government Support: County	
		14. Government Support: All Other	
		15. Other Unearned (specify)	
		16. TOTAL UNEARNED INCOME	
		17. TOTAL INCOME	

		EXPENSES	
		18. Personnel: Administrative	
		19. Personnel: Development/Fundraising	
		20. Personnel: Other	
		21. Fringe Benefits	
		22. Outside Fees/Services	
		23. Office Rent	
		24. Travel	
		25. Marketing / Advertising	
		26. Fundraising	
		27. Remaining Operating Expenses	
		28. TOTAL EXPENSE	
		29. SURPLUS (DEFICIT)	
		30. Total In-Kind Contributions	

FINANCIAL INFORMATION

1. Please explain any unusual budget variances (income or expense) from year to year.

2. If your organization has a cumulative deficit, report total amount and detail your deficit reduction plan.

3. **Congressional District.** We collect Legislative District information solely as a means of helping to assure geographical “fairness”:

Legislative District Information for Your Organization

State _____ District _____

Do not leave blank or use names. If you do not know your district numbers, go to <https://forms.house.gov/wyr/welcome.shtml> to locate the district number.

SIGNATURES & CERTIFICATIONS

Authorizing Official (Required) The undersigned certifies that he/she: (1) is a principal officer of the applicant; (2) has knowledge of the information presented herein; (3) has read the Grants Committee grant guidelines; (4) on behalf of the applicant releases the Grants Committee, its employees or agents with respect to damages to property or materials submitted in connection herewith.

Name: _____ Title: _____

Signature: _____ Date: _____