

1.0 ORGANIZATION INFORMATION

DATE	
NAME OF AGENCY	
FEDERAL ID #	501(3)(c) (Check One) YEAR FOUNDED YES NO
ADDRESS	RENT/OWN (Check One) OWN RENT
CITY	STATE ZIP CODE
AGENCY WEBSITE	
AGENCY OPERATING BUDGET	DATE ON WHICH FISCAL YEAR ENDS
DO YOU HAVE AUDITED FINANCIAL STATEMENT (Check One) YES NO	ΓS
IF NO, EXPLAIN WHY	

NUMBER OF CLIENTS SERVED		NUMBER OF	FULL-TIME EMPLOYEES
NUMBER OF PART-TIME EMPLOYEE	S	NUMBER OF	VOLUNTEERS
	-		
HAS THE BLUM FOUNDATION MADE	E PREVIOU	S GRANTS TO THIS C	DRGANIZATION
(Check One)			
YES NO			
MOST RECENT YEAR		MOST RECEN	IT AMOUNT
HAS THE NAME OF YOUR ORGANIZA (Check One)	ATION CHA	ANGED IN THE PAST	5 YEARS
YES NO			
IF YES PLEASE ENTER THE FORMER	NAME		
1.1 EXECUTIVE DIRECTOR			
EXECUTIVE DIRECTOR			PHONE #
1.2 CONTACT			
CONTACT PERSON FOR THIS PROPO	ΣΔΙ		TITLE
CONTINUE TENSOR FOR THIS FROI OSAL			
E-MAIL	PHONE	#	FAX #

1.3 ANNUAL SALARIES OF TOP 3 STAFF MEMBERS

TITLE	
SALARY	LENGTH OF SERVICE
TITLE	
SALARY	LENGTH OF SERVICE
TITLE	
SALARY	LENGTH OF SERVICE
2.0 MISSION OF ORGANIZATION	
WHAT IS THE MISSION OF YOUR ORGANIZATION?	

3.0 SOURCES OF SUPPORT

LIST PRINCIPLE SOURCES OR SUPPORT FOR YOUR AGENCY SUCH AS UNITED WAY, CHILDREN'S SERVICES COUNCIL, GOVERNMENT GRANTS, LOCAL FOUNDATIONS, SPECIAL EVENTS, AND INDIVIDUAL CONTRIBUTIONS.

4.0 PROPOSAL INFORMATION

TOTAL AMOUNT REQUESTED	TOTAL PROJECT BUDGET	ANTICIPATED START DATE
REQUESTED. STATE SPECIFICALL	ON OF PROJECT - INCLUDE NEEDS Y WHAT THE REQUESTED FUNDS W ND ANTICIPATED OUTCOME. INCLUI VED.	VILL BE USED FOR. DEFINE THE

4.1 OTHER SOURCES OF SUPPORT

LIST SOURCES OF SUPPORT FOR THIS PROJECT

APPLIED FOR		
NAME	\$	
COMMITTED		
NAME	\$	
RECEIVED		
NAME	\$	

5.0 REQUIRED DOCUMENTS TO ATTACH

- 1 Photocopy of latest IRS determination letter of tax exempt status under Section 501(c)(b) and classification under Section 509(a)
- 2 Statement signed and dated on the letter head of the Organization that there are no changes in the purpose, characters, or method of idealogy subsequent to the issuance of the IRS determination letters.
- 3 List of names and Professional Affiliations of Directors and Names and Titles of officers.
- 4 Statement signed and dated on letterhead of the Organization that the non-profit has compiled with The Pension and Protection Act of 2006 and filed the appropriate tax return.

6.0 WHERE TO MAIL THIS APPLICATION

The Walter and Adi Blum Foundation, Inc. P.O. Box 33598
Palm Beach Gardens, FL 33420-3598

7.0 HAVE QUESTIONS?

Marjorie J. Murphy (561) 776-0834 info@TheWalterandAdiBlumfoundation.org