THE STANLEY S. LANGENDORF FOUNDATION
PROPOSAL COVER SHEET

Date of application_____ Date of incorporation_____ Fiscal Year End _____

Organization name_____

Address_____

Phone _____ Fax_____ Email _____

Website_____

Executive Director_____

Contact person and title (if not E.D.)_____

Prior Langendorf grants (year and amount)_____

Prior applications submitted *without* a grant award (list Spring or Fall & Year): _____

Area of request: Arts___ Community/Social Services___ Primary/Secondary Education___ Youth___

Date of most recent audit_____ Project budget $_____

Grant request $_____ Organizational budget $_____

Percent of Organizational budget represented by the Grant request : _____%

Last FY revenue: budget $_____ actual $_____

Last FY expenses: budget $_____ actual $_____

Last FY revenue sources: Gov't_____% Ind./Corp./Fdn._____%

Organizational Assets $_____ Organizational Liabilities $_____

Program generated income _____%

Briefly summarize the organization's mission (in this space, 12-point type) or attach a separate statement.

Briefly summarize the project or grant request (in this space, 12-point type) or attach a separate statement.