The Trustees of the Ludcke Foundation ask for essential information about your potential request to be provided in the form below. Please do not include attachments or supplementary materials, and do not exceed 2 pages. Completed forms should be uploaded to the online grants management database.

Organization Information

Full Legal Organization Name:

Address:

City: State: Zip Code:

Executive Director/CEO: Title:

Phone: Email:

Contact Person, if different: \_\_\_\_ Title:

Phone: Email:

Website address: \_\_\_\_\_ Year founded:

Annual Budget: # of FT/PT Staff: Fundraising Expense as % Budget: \_\_\_\_\_\_\_

Federal Tax ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ United Way affiliate agency (circle one)? Yes No

Organization Mission Statement (50 words or less):

Proposed Request

Type of Request (circle one): Project Support General Operating Support Capital Support

Name of Project (if applicable):

Geographic Area Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Population Group(s) Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Budget: \_\_ \_\_\_\_\_\_\_\_\_\_\_ Amount requested: \_\_\_\_ %: \_\_\_\_\_\_%

Grant Period: to Amount raised to date:

Using the space below, please summarize the potential request:

Ludcke Foundation representative who invited this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list your organization’s largest three private funding sources for the current fiscal year:

Funder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Trustees

Total annual amount donated by board members: $\_\_\_\_\_\_\_\_\_\_\_, and percentage of board members who contributed last year:  \_\_\_\_\_\_\_\_%.

Please list board names, identifying officers and their positions.

If yours is *not* a 501(c)(3) organization, please use this space to explain. Otherwise, please leave this section blank.