**Charles H. Jones Family Foundation**

**P. O. Box 7245**

**Macon, GA 31209**

COMMON PROPOSAL FORM

COVER SHEET

The Cover Sheet Summary is to provide the essential data about the organization, the contact person and the proposal. Please complete this form and submit with your full proposal.

Date of Application:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Legal Organization Name: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Website: | | | |
| President/Exec. Director: | | Title: | |
| Phone#: | Email: | | |
| Contact Person (if different): | | Title: | |
| Phone #: | Email: | | |

Organizational Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 501(c) (3)? Yes \_\_\_ No \_\_ | \*If, Yes, FIN#: | | | Year Established: | |
| If No, provide name of fiscal sponsor (enter organization name and address): | | | | | |
| Total Organization Budget $ | | | Fiscal Yr: Month: Day: | | |
| Total # of Board Members: | | Total # of staff: | | | Volunteers # |
| Organizational Mission Statement (50 words or less): | | | | | |
| Brief Description of Organization (75 words or less): | | | | | |
| Population Served (25 words or less, include age groups, race & ethnicity, income levels, etc.): | | | | | |

**Proposal Request:**

|  |  |  |  |
| --- | --- | --- | --- |
| Program/Project Name: | | | |
| Total Program Budget: $ | Requested Amount: $ | | %: |
| Type of Request: | | Grant Period: to | Multi-Year? |
| Geographic Area Served: | | | |
| Priority funding areas of grant maker: | | | |

Most recent grants received from this funder: Amount: $ Date:

Amount: $ Date:

\*Attach IRS letter with FIN# to this form

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

Authorizing signature (President of the Board or Executive Director) Date