

NEW HAMPSHIRE CHILDREN'S TRUST FUND

10 Ferry Street, Suite 315

603-224-1279 fax 603-223-9847 email info@nhctf.org

2009 Grant Application Cover Sheet (2 Pages)

May be typed or filled out by hand (please print clearly).

Name of applicant organization _____

Program title _____

Address _____

Telephone _____ Fax _____ E-Mail _____

CEO/Executive Director _____

Contact for this proposal (if different) _____

Contact address (if different from above) _____

Telephone _____ E-Mail _____

Administrative agency (if different from above) _____

Amount requested (Request should not exceed \$8,000) \$ _____

Project abstract (Please provide a brief 8-10 word description of the proposed project) _____

Request summary. Please briefly describe what will be accomplished with the funds requested:

Current services provided. Please briefly describe the current services provided by the applicant organization:

Other Specifics:

Year Founded: _____ Geographical area served: _____

Has the applicant organization received NHCTF funding in the past? Yes No
If yes, please list the year(s) the applicant organization received NHCTF funding: _____

Please identify the number of people you expect to serve with this project:

Number of Families _____ Number of Adults _____ Number of Children (0-18) _____

Financial Summary: Please provide information from your organization’s most recent audit or annual financial statement as submitted with your required attachments. ALSO include the information requested below, as part of the financial summary for your cover sheet. NOTE: “Please see attached” is not acceptable for this form.

ORGANIZATION’S LAST FISCAL YEAR

Sources of Support Amount %

Government grants/contracts
Federal \$ _____
State \$ _____
Local \$ _____
County Incentives \$ _____
Comprehensive family support \$ _____

Other Public Funds (HUD, etc)
(please specify _____) \$ _____
_____ \$ _____

Program Fees \$ _____
3rd Party Reimbursement \$ _____
Endowment/interest \$ _____
Special Events/Fundraising \$ _____
Membership/Dues \$ _____

Donations:
a. Corporate \$ _____
b. Individuals \$ _____
c. Community organizations \$ _____
d. Foundations \$ _____

Sponsoring Organization \$ _____
(if program is part of a larger entity)

Other Income (be specific)
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL: \$ _____*

a. Last Fiscal Year (FY) Ending Date:
_____ (mm/dd/yy)

b. Last FY Total Gross Income \$ _____*

c. Last FY Total Expenses \$ _____

If the operating surplus (or loss) is more than 5%,
please explain:

d. Operating Fund Balance at end of Last FY:
\$ _____

e. Current (or projected) FY Operating Budget:
\$ _____

***NOTE:** “Last Fiscal Year, Sources of Support,
Total” and item b. “Last FY Total Gross Income”
should be the same. If not, please explain: