

THE DOUTY FOUNDATION

Post Office Box 540
Plymouth Meeting, PA 19462

PROPOSAL COVER SHEET

1. Name of Organization: _____

2. Address: _____

City: _____ State _____ Zip _____

3. Phone: _____ Fax: _____

Email: _____ Web: _____

4. Contact Person: _____ Title _____

5. Purpose of Organization:

Year Founded: _____

6. Geographic area served:

7. Client population served

8. Request: \$ _____ for general support, OR

\$ _____ for specific project

(Describe project, please

Total project budget: \$ _____

Total funds that are still needed for the project: \$ _____

9. Annual budget of entire organization: \$ _____

(Continued)

10. Please describe how your program or project provides educational opportunities for disadvantaged people.

11. What positive social change do you expect to result from your program or project?

12. What effect will your program have on individuals?

13. Key staff members:

_____ Position: _____
_____ Position: _____
_____ Position: _____

14. Board leadership:

_____ Title: _____
_____ Title: _____
_____ Title: _____

15. Major funding sources, with amounts of 3 largest grants in past 2 years:

16. List amounts and years of previous grants from The Douty Foundation:

Total amount of previous grants from The Douty Foundation:

17. Date of proposal: _____