

THE SEYBERT INSTITUTION

Post Office Box 540
Plymouth Meeting, PA 19462-0540

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 or neighborhood served:

7. Ages of children served:

8. Request: \$ _____ for (General support or Name of project) _____

Type of project:

- After-school program
- Summer program
- Enrichment program - educational, cultural or recreational
- Other

Total project budget: \$ _____

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

9. Annual budget of entire organization: \$ _____

(Over)

10. Briefly describe project that you hope to fund. Note any special features.

11. Key staff members:

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

12. Board leadership:

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

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

14. List amounts and years of previous grants from The Seybert Institution:

15. Date of last proposal to the Seybert Institution: _____

16. Date of proposal: _____

You may attach other information that you consider pertinent to your request. Please limit attachments such as newspaper articles to 3 items.