Rachael and Ben Vaughan Foundation

Grant Application

I. General Information

Date Submitted	
Organization Name	
Address	
City	
State	
Zip	
Date of Incorporation	
Total Number of Board Members	
Total Organizational Budget	
Organization's Fund Raising Costs	
% of Annual Budget	
Organization's Administrative Costs	
% of Annual Budget	
Executive Director	
Email	

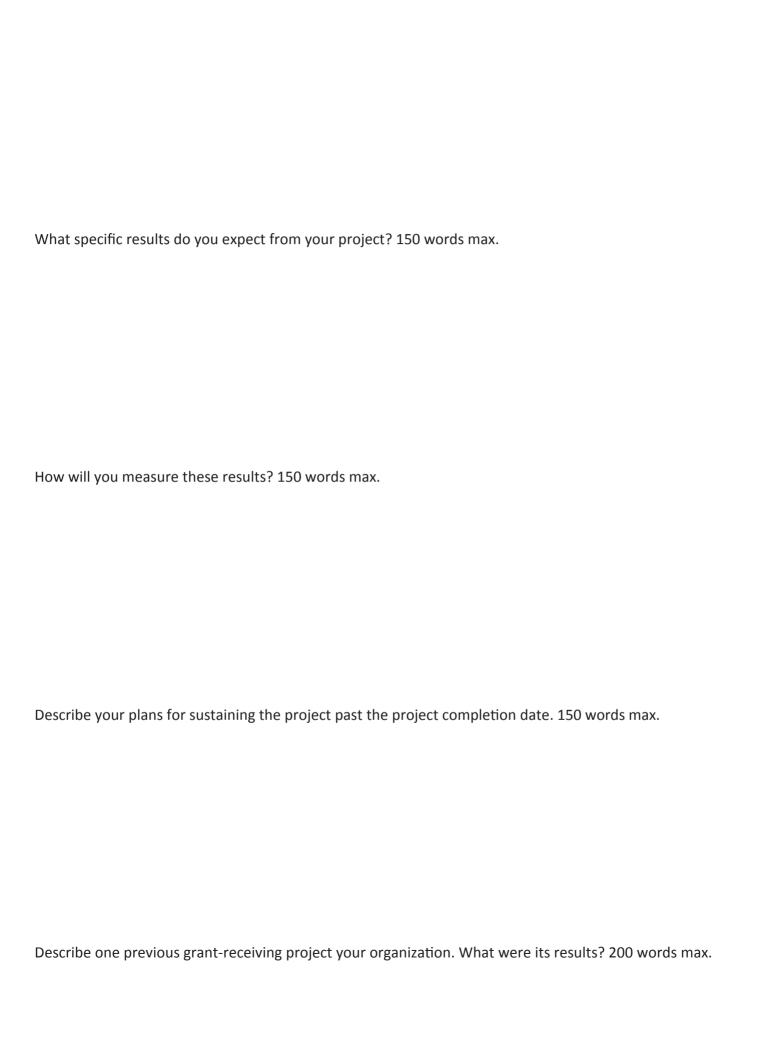
Phone	
Person Responable for the Grant Application	
Title	
Email	
Phone	
	ing information from your most recent 990 Form.Please attach sources of income and pendicies to this application.
Fiscal/Calendar Year	
Total Employees	
Total Volunteers	
Assets	
Liabilities	
Net Assets	
Individual Compensation for 5 Highest Paid Employees (List in Decending Order)	
Sources of Income (Part VIII - All Lines, Columns A&B)	To be attached separately from full 990
Expenses (Part IX)	To be attached separately from full 990

II. Project Specific Information						
Project Title						
Project Start Date						
Project End Date						
Specific Project Budget						
Amount Requested from RBVF						
Is this a new program for your organization?						
If no, please provide a brief description of previous	ous results below. 150 words max.					
List of three key staff members and qualifications for project.						
Name	Description					

		Start Up	Project	Technical	Capital		
X in the Correct Field):	Support	Costs	Support	Assistance	Expenditures		
Principal Sources of Support (%)	Foundation	Corporation	Earned Income	Individuals	Government		
Have you received prev	from RBVF?						
	_						
If so, when, and for which project?							

Project Description - This should include specifics. 150 words max.

Why is this program unique? List at least one other program which attempts to achieve similar ends and describe why yours is better. 150 words max.



III. Additional Documents to be Scanned, if Necessary, and Attached with Application
Itemized Project Budget
List of Board Members
Form 990
Audits (Most Recent)
Newsletter
Annual Report
Other Media or Publications