***Norwin S. and Elizabeth N.***

BEAN FOUNDATION

40 Stark Street, Manchester, New Hampshire 03101

**APPLICATION COVER SHEET for 2024 Grants**

**Application deadline date:**

**Applicant Organization Contact Information**

**NAME OF APPLICANT ORGANIZATION:**

**Address:**

**Fiscal Agent (if different):**

**Fiscal Agent Address (if applicable):**

**CEO/Executive Director & Title:**

**Phone: Email:**

**Contact for This Proposal & Title (if different):**

**Phone: Email:**

**Employer Identification Number (EIN):**

**Grant Request Overview**

Please respond concisely in the space provided as the cover sheet serves as a brief overview of your proposal. A detailed description should be included in the narrative.

**Grant Amount Requested:**

**TO SUPPORT (brief description of proposed project or activities in one or two sentences):**

**PLEASE SUMMARIZE PROJECT OBJECTIVES (What will be accomplished with the funding requested? How does this project further your organization’s mission? State in three sentences or less):**

**FOR ALL REQUESTS:**

**Has every member of the Board of Directors contributed to the organization in the**

 **past year?**

**FOR CAPITAL REQUESTS:**

**Has every member of the Board of Directors contributed to the capital campaign?**

**What is the total contribution by the Board of Directors to the capital campaign?**

|  |
| --- |
|  **FUNDING HISTORY** |

Prior Bean Foundation Requests:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date****Month/****Year** | **Amount** | **Project: (Brief Description)** | **Granted** |
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**PROFILE OF APPLICANT NONPROFIT ORGANIZATION**

**Describe current services provided by the applicant nonprofit organization (including number of people served annually):**

**Geographical area served:**

**Year founded:**

**Number of paid staff (specify full- and part-time):**

**Number of members, if applicable:**

**Financial Summary**

Provide Information from most recent audit or annual financial statement

Last Fiscal Year (FY) ended (Date):

Last FY total expenditures: $

Last FY total income:\* $

 \*If operating surplus or loss is more than 5% of

 total income, please comment:

Total Net Assets: $

Current (Projected) FY operating budget: $

**LAST FISCAL YEAR**

**Sources of Support**

**Amount %**

Government grants & contracts $

Program fee/sales & third $

 party payments

Endowment/interest income $

Other earned income $

Fundraising Events $

Membership $

United Way $

Contributed Income

 \*Business $

 \*Individuals $

 \*Foundations, other $

 **Total: $**

***When completed, save to your Dropbox folder for the current grant deadline as a document rather than as a folder.***