



MANHASSET COMMUNITY FUND

APPLICATION FOR FUNDING

Instructions

The Application for Funding consists of:

1. Cover Sheet
2. Financial Summary
3. Proposal Narrative
4. Attachments

Please print and fill in the information on the **Cover Sheet** and **Financial Summary** provided on the following pages of this PDF. For the **Proposal Narrative**, you may use either the MS Word template available on the MCF website or simply follow the format provided below.

Applications are due by **March 1** and should be submitted to:

President
Manhasset Community Fund
PO Box 322
Manhasset, NY 11030

If you have any questions, please contact MCF at info@manhassetcommunityfund.org or 516-627-3850.

Proposal Narrative Outline:

Please be sure to complete each section of the following outline. Proposal Narratives should not exceed 5 pages.

1. Mission Statement
2. Statement of Need: describe the needs addressed by your organization
3. Summary of your agency's Goals and Objectives
4. Describe the programs and activities currently conducted by your organization and how they address the needs and further the goals and objectives stated above
5. Number of people served by your agency annually
6. Number of people in Manhasset served by your agency annually
7. Describe how you publicly credit the Manhasset Community Fund's support of your organization
8. Describe how past Manhasset Community Fund Allocations have been used by your organization and why you consider our continued support important to your work
9. Describe how the requested funds will be used



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Cover Sheet

Name of Agency:		
Address:	City:	Zip:
Contact Person:	Telephone Number:	
E-Mail Address:	Website Address:	
2011 Allocation: \$	2012 Allocation Request: \$	
Application Prepared by:	Title:	
Signature:		Date:

- Proposal Narrative enclosed
- Financial Summary enclosed

Attachments:

- IRS 501 (c)(3) determination
- Latest Available IRS Form 990 – Return of Organization Exempt from Income Tax
- Latest available NY State Annual Financial Report (Charitable Organization) Form CHAR 497
- List of current Board of Directors
- Latest Annual Report, if available



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Financial Summary

Please supply the following information from your latest annual report and financial statement	
Period of Annual Report or Financial Statement	-
REVENUES	
Government Grants	\$
Private Contributions	\$
United Way Contributions	\$
Manhasset Community Fund Contributions	\$
Other Revenue	\$
Total Revenue	\$
EXPENSES & RESERVE	
Total Operating Expenses	\$
Current Surplus or Reserve	\$
PERCENTAGES	
a. Total percentage of revenue expended for direct program activities including salaries of personnel directly involved in these activities	%
b. Total percentage of revenue expended for general administrative expenses including non-program related salaries	%
If the total of "a" and "b" above do not equal 100%, please explain why.	
Please attach any other information relating to the organization's financial condition that you wish considered.	