



Fleck Foundation Grant Application

Date Submitted:		Total Grant Request:	
Organization Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:		Web Address:	
Total Number of Paid Staff	Full-Time:		Part-Time:
Chief Officer:			
Phone:		Email:	
Contact for this proposal (Name & Title):			
Phone:		Email:	
Board Chairperson:			
Year Organization Established:		Dates for Fiscal Year:	
Organization's Total Operating Budget:			Program Budget:
Does the organization have federal tax-exempt status?		Yes	No
If no, explain:			
Mission:			

On a separate sheet, give a brief (approx 200 words) description of your program.