



*Add additional sheets as necessary. Mark "n/a" for items which do not apply to your organization.*

1. Name of organization:

2. Any other name by which organization is known:

3. Address:

4. Telephone Number:

5. Name of Contact Person:

Address and Telephone Number (if different from above):

6. Email Address:

7. List the following information for all officers:

Name	Title	Other affiliation	Years	Compensation

8. List the following information for all current directors and/or board members:

<b>Name</b>	<b>Title</b>	<b>Other Affiliation</b>	<b>Years</b>	<b>Compensation</b>

9. Provide the following information for the Organization's principal administrative staff:

<b>Name</b>	<b>Title</b>	<b>Other Affiliation</b>	<b>Years</b>	<b>Compensation</b>

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10. Has any director, trustee, officer or employee any knowledge or information of any neglect, error, omission, or breach of duty which s/he should reasonably expect could give rise to a claim that the organization has misused or failed to utilize funds properly?

11. How long has the organization been in existence?

12. Is the organization sectarian or non-sectarian?

13 State of incorporation or organization?

14. Is the organization tax exempt?  yes  no If yes, please provide a copy of the current tax exempt status (501 [c] [3]) from the IRS and your tax exempt number

and/or Federal Tax ID number. *(Applications received without this information will not be considered)*

15. Describe the organization and its purpose:

16. Please indicate the approximate number of individuals you serve in the age ranges listed below:

1-5     6-10     11-15     16-21     21-50   
50-65     65 and over

17. Give a detailed breakdown by percentage of the handicapped persons you serve:

Physically handicapped  %    mental ailments  %    Underprivileged  %

18. Where do people you serve live (by percentage)? At home  %;

In your Facility  %; Shelters  %; Foster Homes  %; Other  %

**WE CARE gives priority to applications aimed at specific projects.**

19. State the total cost of the project for which you are seeking funding: \$

20. State the amount requested from WE CARE to fund this project: \$

21. Name and description of project:

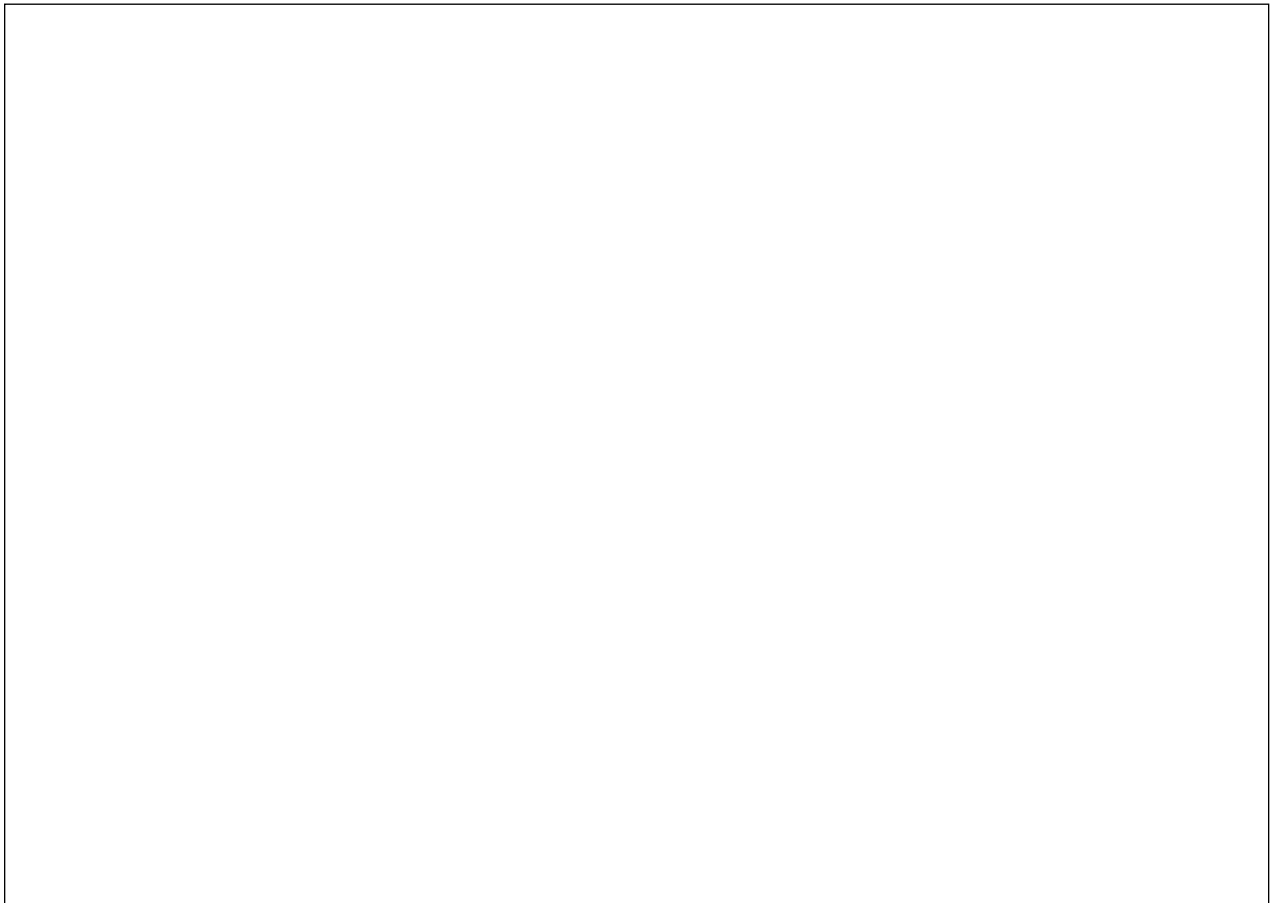
22. What specific population group(s) will benefit from the proposed project?

23. How many individuals will benefit from this project?


24. Timetable for completion of the project, including target start and end dates:

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25. Objectives of the project:



26. Why is your organization the logical one to carry out this project?



27. Has the organization ever implemented this or a similar project?  Yes  No

If yes, state whether program goals were achieved and how:

28. Provide names, qualifications and experience of person(s) who will be primarily responsible for implementation of this project:



29. Other sources of funding, **for this specific project**, including government agencies:

a) Is there any governmental mandate to fund your organization on this project?

Yes  No

b) Are program participants expected to pay any fee for the services?

Yes  No

c) If participants pay for services, how is fee determined and how much do participants pay

30. What percentage of your organization's total budget is allocated to administrative and operating costs?  %

31. As to the project for which you are requesting funding, indicate the percentage allocated for administrative and operating expenses:

Total:  %

Office Expenses:  %

Legal/Accounting:  %

Salary of persons not in direct contact with recipient:  %

Other (Specify):

32. Provide the following documents: (1) Most recent audited or other financial Statement and (2) IRS form 990 for the year immediately preceding this Application. (These *documents may be mailed*) \*\*\*A grant application submitted without these documents will not be considered.

33. If you have received a prior WE CARE Grant answer the following:

A. Date of last grant

B. Amount of project

C. Nature of project

D. Total amount of project

E. Number of persons benefitted

F. Nature of benefit to targeted populations

G. Administrative expenses:

Total:

Office Expenses:

Legal/Accounting:

Salaries of persons not in direct contact with recipient:

Other (Specify)

34. How and where do you plan to acknowledge WE CARE's contribution to this project?

35. Describe in detail how any prior WE CARE grant was utilized by your organization. Attach any letter or form previously submitted which reported the use of prior grants.

36. In what newsletters or other publications was any WE CARE grant recognized? Submit copies of each publication. (this may be mailed).

Date:

Signature:

Title: