

Grant Proposal Cover Sheet

MEDIADEMOCRACY**FUND**

Organization Information

Note: If your organization is a fiscally sponsored project or an autonomous division of a larger institution, please list information for your project or division rather than the larger institution in all fields except the Fiscal Sponsor section.

| Date of Application: |
|---|
| Organization Name: |
| Street Address: |
| |
| Telephone Number: Website: |
| Organization's Mission (2-3 sentences): |
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| |
| |
| Executive Director (Name, email address): |
| |
| Who is the program staff person who can best answer questions about the substance of the work described in this proposal? (Name, title, email address): |
| |
| Who can best answer questions about the budgets and fiscal status described in this proposal? (Name, title, email address): |
| |
| Number of People on Staff: F/T P/T |

| Tax Status: | 501(c)3 | 501(c)4 | Federal EIN #: | | | | |
|----------------------|---|---------------------------------|--|--|--|--|--|
| | | ne 501(h) election tures?Yes | n under the Internal Revenue Code to have No | | | | |
| name of the aff | iliate and the name about the org | ame, title and enganization: | nt also has a 501(c)4 affiliate, please include the nail address for a staff person who can best | | | | |
| Fiscal Sponsor | Information | (if applicable): | | | | | |
| If your organization | If your organization does not have tax exempt status, you must secure a fiscal sponsor that does. | | | | | | |
| Fiscal Sponsor | Address: | | | | | | |
| | | | | | | | |
| Fiscal Sponsor | Telephone Nu | mber: | | | | | |
| - | _ | | answer questions related to this proposal | | | | |
| Grant Request | Information | | | | | | |
| Grant Request: | \$ | Time Pe | eriod Grant Will Cover: | | | | |
| Type of Suppor | rt Requested (C | hoose only one) |): | | | | |
| Total Organizat | tional Budget fo | or fiscal year in v | which funding is requested: \$ | | | | |
| Start Date of Fi | scal year: | | | | | | |
| Summary of Gr | ant Request (2- | -3 sentences): | | | | | |
| | | | | | | | |

If Requesting Project Support:

| Name of Project: | | | |
|---|-------------------------|-------------------------------------|--|
| Total Project Budget for fiscal year for which \$ | h funding is r | equested (if applicable): | |
| Does the project include any lobbying? If Yes, you must submit a bifurcated project budget - | Yes – see budget not | No e in the proposal guidelines. | |

Funding Sources:

Please provide a list of your organization's most relevant committed, pending and potential funding sources, and note whether these grants will be used to support the work outlined in this grant proposal:

| Grant | Funding Source | Amount | Committed, | Funding |
|--------|----------------|--------|-----------------------|--------------------|
| Period | _ | | Pending or Potential? | Funding Purpose |
| | | | Potential? | |
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