



**THE WILLIAM STREET UNITED METHODIST  
CHURCH FOUNDATION, INC.**

28 W. William Street  
Delaware, OH 43015  
(740) 363-4741

**REQUEST FOR INFORMATION  
TO ACCOMPANY GRANT PROPOSAL**

Please print or type the information requested below.  
Attach the completed form to the proposal and return to the above address.

**FUNDS REQUESTED TO BE USED FOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**General Information**

1. Legal name of Organization	2. Amount Requested
3. Address and Phone Number	4. Responsible Staff Officer
6. Date of Receipt of Tax-exempt Status	5. Time Period of Project From: _____ To: _____

**Program Information**

7. Brief Summary of Proposal

**Board Information**

8. Members of Governing Board or Policymaking Body  
(Indicate any members who are paid staff)

9. Number of Meetings Held Last Year

Governing Board \_\_\_\_\_  
Executive Committee \_\_\_\_\_

10. Average Number of Members Attending

Governing Board \_\_\_\_\_  
Executive Committee \_\_\_\_\_

**Financial Information**

11. Total Expenditures by Organization for Last Fiscal Year

12. Total Amount Spent for Fundraising

13. Itemize Sources of Income (\$) for Last Fiscal Year

Government _____	Individuals _____
United Way _____	Endowed Income _____
Foundations _____	Other _____
Corporations _____	_____
Fees _____	TOTAL: _____

I certify that the above information is true to the best of my knowledge.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_