

**EDWIN PHILLIPS FOUNDATION  
INSTITUTIONAL GRANT PROPOSAL COVERSHEET**

Please provide us with the following information. This coversheet is intended as a summary only. We ask that you restrict your answers to the space provided, and that any additional comments be made in the formal proposal you submit with the coversheet.

1. Name, Address, Telephone Number and Website Of Organization

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2. Name, Telephone Number And Email Address Of Contact Person

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3. Federal Tax Status and Date Of IRS Determination Ruling

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4. Mission Of Organization

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5. Please Check the Services Provided by Your Organization

Education       Hospitalization       Convalescence  
 Family Services       Respite       General Social Services

6. Amount Of Funds Requested: \$ \_\_\_\_\_

7. Purpose of Request

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8. Total Budget of Organization: \$ \_\_\_\_\_

Sources of operating funds (% of total operating budget from each source):

_____ Federal	_____ Individuals
_____ State	_____ Endowments
_____ City	_____ United Way
_____ Fees	_____ Foundations
_____ Corporations	_____ Other (Please List) _____

9. Present Value Of Funds \$ \_\_\_\_\_

10. Approximate Geographic Location, Size and Description of Population Served

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11. Total Budget of Project: \$\_\_\_\_\_ List amount anticipated from each source.

_____ Federal	_____ Individuals
_____ State	_____ Endowments
_____ City	_____ United Way
_____ Fees	_____ Foundations
_____ Corporations	_____ Other (Please List)_____

We encourage you to provide us with any letters of recommendation, other endorsements that have been received by your organization and/or any press reports about your programs.

**Please MAIL the coversheet and proposal** (without the use of binders or covers) to: Edwin Phillips Foundation, 188 Peregrine Drive, Marshfield, MA 02050

**APPLICATIONS ARE NOT ACCEPTED VIA EMAIL**