

THE LESLIE L. SQUIRES FOUNDATION

APPLICATION COVER SHEET

Program/Project Title: _____

Date of Submission: _____

_____ Public _____ Private

Amount of Request: _____

Organization Name _____

Contact Person/Title _____

Mailing Address: _____

Telephone/Email _____

Website _____

Typed Name & Position of Authorized Signature:

Name: _____

Position: _____

Authorized Signature: _____ Date: _____

Submit SEVEN Copies of the Application to:

The Leslie L. Squires Foundation
c/o Bay Area Community Foundation
Pere Marquette Depot
1000 Adams, Suite 200
Bay City, MI 48708-5717
(989) 893-4438

or

The Leslie L. Squires Foundation
c/o Disability Services Resource Center
1820 N. Trumbull Drive
Bay City, MI 48708
(989) 895-5444

The Leslie L. Squires Foundation Application

1. Introduction

- a) Describe your organization or agency.

2. Statement of the Problem(s) and Need(s)

- a) Provide a brief description of the purpose/rationale and need for your proposal/request.
- b) What is to be accomplished by your proposal/request and who or what will benefit? How many handicapped people will be involved and/or served? How many others?

3. Program Operations

- a) Describe how the program or project will be implemented (limit two paragraphs).
- b) Using the enclosed forms, describe the program or project goals, objectives, activities, timeline, person responsible, and method of evaluation.

4. Program Budget

- a) What is the amount requested from the Leslie L. Squires Foundation?
- b) Using the enclosed budget form, provide a detailed and comprehensive budget for the program or project identifying all sources of income.
- c) How will the program or project be funded in the future?

5. Attachments

- a) With the application, please include the following:
 - List of the board of directors of your organization or agency
 - A letter of support or board resolution for the program or project
 - Other support letters or documentation if applicable
 - A statement from the Internal Revenue Service confirming tax-exempt status such as 501(c)(3) or other
 - An organizational budget and audited financial report

6. A final evaluation report and financial report are required within 60 days after completion of project (see pages 5 and 6)

Forms may be duplicated if necessary

Program or Project Activities

Goal: _____

Objectives	Activities to accomplish Objectives	Beginning and ending dates	Name/Title of person implementing activities	Method used to evaluate activity

Budget for Program or Project

	Squires Foundation	Other Cash	*In-Kind	Total
Personnel Costs				
Salaries				
Benefits				
Other				
Travel and Transportation				
Staff Travel				
Consultant Travel				
Other				
Occupancy				
Facility rented				
Utilities				
Communication				
Telephone				
Postage				
Supplies and Materials				
Office Supplies				
Printed Materials				
Other Supplies				
Printing/Duplication				
Equipment				
Purchase				
Rental				
Miscellaneous				
TOTALS				

*Please provide a brief description of In-Kind costs on an attached sheet.

Final Evaluation Report

Within 60 days of completion of project or activity, please provide 10 copies of evaluation to: Bay County Society for Crippled Children and Adults – attention Leslie L. Squires Foundation

Goal: _____

Objective	Evaluation

Final Financial Report

	Squires Foundation	Other Cash	*In-Kind	Total
Personnel Costs Salaries Benefits Other				
Travel and Transportation Staff Travel Consultant Travel Other				
Occupancy Facility rented Utilities				
Communication Telephone Postage				
Supplies and Materials Office Supplies Printed Materials Other Supplies Printing/Duplication				
Equipment Purchase Rental				
Miscellaneous				
TOTALS				

*Please provide a brief description of In-Kind costs on an attached sheet.

To be completed within 60 days of completion of project or activity