

## DeKalb's VOICE Grant Proposal

### Organization Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Request Amount

Amount requested \$ \_\_\_\_\_ Total program/project expense \$ \_\_\_\_\_  
Amount requested is \_\_\_\_\_ % of total program/project expense.

### Summary of Request

### Organization's Mission Statement

## Explanation of benefits from grant

1. Who and how many will you serve? How will they benefit?

2. How will you know how people benefit?

3. How will this grant help you achieve your organization's mission?

## Program or Project Expenses

List the total expenses and sources of income for the entire program or project in the space below. Please round figures to the nearest dollar. The figures for "Total Expenses" and "Total Income" should match.

Program or Project Expenses	\$ Amount	% of Total Budget
<b>Total Expenses for Program or Project</b>		<b>100%</b>

## Sources of Income

Sources of Income	\$ Amount	% of Total Funds	Confirmed of Pending
DeKalb's VOICE			Pending
Your organization's contributions			
<b>Total Income</b>		<b>100%</b>	