# BILLY ANDRADE - BRAD FAXON
# CHARITIES FOR CHILDREN
# GRANT APPLICATION

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION</th>
<th>DATE PREPARED</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF PRINCIPAL OFFICE</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TELEPHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WHEN ORGANIZED?</th>
<th>DATE AND PLACE OF INCORPORATION</th>
<th>INCORPORATED AS NONPROFIT?</th>
<th>YES</th>
<th>NO</th>
<th>IF NOT, ENTER APPLICATION DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HAS YOUR ORGANIZATION QUALIFIED AS A NON-PROFIT, TAX DEDUCTIBLE ENTITY UNDER THE UNITED STATES INTERNAL REVENUE CODE 501(c)(3)?</th>
<th>YES</th>
<th>NO</th>
<th>IF NOT, ENTER APPLICATION DATE</th>
</tr>
</thead>
</table>

## REQUEST

<table>
<thead>
<tr>
<th>TOTAL AMOUNT REQUESTED</th>
<th>IS THIS AMOUNT FOR ONE FISCAL YEAR?</th>
<th>IF &quot;NO&quot; FOR WHAT PERIOD?</th>
</tr>
</thead>
</table>

USE OF FUNDS: PLEASE OUTLINE PROPOSED PROJECT OR PROGRAM, IDENTIFYING BOTH YOUR TARGET POPULATION AND YOUR PLANNED METHOD OF IMPROVING THAT GROUP’S QUALITY OF LIFE. BE SPECIFIC. PLEASE ATTACH A DETAILED BUDGET FOR THE USE OF THE REQUESTED FUNDS.

## PURPOSE AND PROGRAM

STATE YOUR ORGANIZATION’S OBJECTIVES.

BRIEFLY SUMMARIZE YOUR ORGANIZATION’S CURRENT EFFORTS TOWARD ACHIEVING THOSE OBJECTIVES.

WHAT GEOGRAPHIC AREA DO YOU SERVE?
NAME AND TITLE OF PAID STAFF HEAD

DATE OF APPOINTMENT

PRIOR AFFILIATION

FINANCES: PLEASE COMPLETE WITH RESPECT TO APPLICANT ORGANIZATION ONLY. DO NOT INCLUDE PARENT COMPANY FINANCIAL INFORMATION.

<table>
<thead>
<tr>
<th>ORGANIZATION'S FISCAL YEAR</th>
<th>REVENUE RECEIVED LAST FISCAL YEAR EXCLUDING CAPITAL CAMPAIGN FUNDS</th>
<th>TOTAL GOVERNMENT REVENUE RECEIVED LAST FISCAL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH MONTH DAY DAY TO</td>
<td>TOTAL EXPENDITURES LAST FISCAL YEAR</td>
<td>TOTAL APPROVED BUDGET FOR CURRENT FISCAL YEAR</td>
</tr>
<tr>
<td></td>
<td>SALARY RANGE, INCLUDING DEFERRED COMPENSATION,</td>
<td>FOR ALL OF YOUR ORGANIZATION'S PAID EMPLOYEES</td>
</tr>
<tr>
<td></td>
<td>FROM $ TO $</td>
<td></td>
</tr>
</tbody>
</table>

LIST THE METHODS OF FUND RAISING, USED OR PLANNED (DIRECT MAIL, MEMBERSHIP SOLICITATION, CORPORATION/FOUNDATION SOLICITATION, ETC.), THAT GENERATE YOUR ORGANIZATION'S REVENUE.

LIST ANY OUTSIDE FUND RAISERS AND YOUR PAYMENT RATE TO THEM.

ACCOUNTS ARE AUDITED BY.

- [ ] CERTIFIED PUBLIC ACCOUNTANT
- [ ] AN AUDITING COMMITTEE
- [ ] OTHER (SPECIFY)

FREQUENCY OF AUDITS

ADDITIONAL INFORMATION

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. COPY OF U.S. TREASURY RULING GRANTING YOUR ORGANIZATION STATUS AS A NON-PROFIT, TAX DEDUCTIBLE ORGANIZATION UNDER SECTION 501(c)(3)

   SENT BY __________________________ (PRINT)

   RECEIVED BY AFCC ____________________

2. COMPLETE AUDIT FOR THE PREVIOUS FISCAL YEAR

   SENT BY __________________________

   RECEIVED BY AFCC ____________________

3. IF COMBINED COST OF ADMINISTRATION, PUBLIC RELATIONS, AND FUND RAISING EXCEEDS 20% OF TOTAL EXPENDITURES FOR THE PREVIOUS FISCAL YEAR, PLEASE ENCLOSURE A STATEMENT EXPLAINING YOUR HIGH ADMINISTRATIVE EXPENSES.

   - [x] YES, IT DOES EXCEED 20% (I HAVE INCLUDED AN EXPLAINATION)
   - [ ] NO, IT DOES NOT EXCEED 20%

4. LIST OF CORPORATE DONORS ($200.00 OR MORE)

   SENT BY __________________________

   RECEIVED BY AFCC ____________________

5. PROJECT OR PROGRAM BUDGET

   SENT BY __________________________

   RECEIVED BY AFCC ____________________

I CERTIFY THAT THE AFOREMENTIONED AND ENCLOSED INFORMATION IS COMPLETE AND ACCURATE.

TYPED NAME (PERSON TO CONTACT IF WE HAVE QUESTIONS)   TITLE   SIGNATURE   DATE

HOME TELEPHONE NUMBER (MANDATORY - THIS NUMBER WILL BE KEPT PRIVATE AND ONLY USED IN CASE OF AN EMERGENCY.)   WORK TELEPHONE NUMBER

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