



Number of paid staff: \_\_\_\_\_ full-time; \_\_\_\_\_ part-time

Number of volunteers: \_\_\_\_\_

Attach one-page explanation if organization has experienced a deficit in past three years.

Total project or seed budget: \$ \_\_\_\_\_

Attach one-page (maximum) of project/seed budget.

Attach one-page timetable.

Dates covered by this budget (mo/day/year): \_\_\_\_\_

Attach estimates for project.

\* Attach one-page list of all sources of funding toward project (include actual and prospective amounts): \_\_\_\_\_

\_\_\_\_\_

What percentage of your income goes toward raising funds? \_\_\_\_\_

Evaluation: Explain results you expect to achieve from this project and how you will measure project's success (limit to three sentences): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We, the undersigned, represent to the Mildred Faulkner Truman Foundation that the organization's annual budgetary information is true and accurate.

\_\_\_\_\_  
Signature of Board Chair, Indicating Approval  
Print name of Board Chair

\_\_\_\_\_  
Signature of CEO/Executive Director  
Print name of CEO/Executive Director

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\* Please note that the Mildred Faulkner Truman Foundation shares information with other funders. Information regarding any Truman Foundation grant decision concerning your organization may be disclosed in the information exchange process.