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(a) How was the need for this project or program determined?

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(b) How does this program fit the mission of the organization?

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**USE OF FUNDS**

Total cost of project: \_\_\_\_\_

Grant requested from Foundation: \_\_\_\_\_

Other sources of funds and amounts: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

Types of expenses for the project and amounts:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Proposals are due by the March 20 deadline at:  
Youth Advisory Council  
Middletown Community Foundation  
300 North Main Street, Suite 300  
Middletown, Ohio 45042**