

# The Clorox Company Foundation

## Proposal Cover Sheet and Checklist

### Contact Information

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Primary Contact Person/Title: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Proposal Summary

Program/Project Title: \_\_\_\_\_

Purpose of the grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Projected Outcomes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clorox Affiliations: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

Total Agency Budget: \_\_\_\_\_

Percentage of Agency Budget Request: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

Percentage of Project Budget Request: \_\_\_\_\_

### Application Checklist:

\_\_\_ Cover sheet

\_\_\_ Narrative Overview (no more than 3 pages)

\_\_\_ Program/Project Budget

\_\_\_ Staff contact sheet

\_\_\_ Annotated list of Board Members

\_\_\_ List of committed and anticipated grants

\_\_\_ Copy of 501(c)(3) documentation

\_\_\_ Agency budget

\_\_\_ Recent audited year end financial statements

*Please note that applications missing the information listed above will not be considered.*

Administrative Use Only:

Date Received: \_\_\_\_\_ Acknowledgment Sent: \_\_\_\_\_ Funding: \_\_\_\_\_