

CHRYSALIS FOUNDATION
2009 COMMUNITY GRANTS PROGRAM
ORGANIZATION PROFILE

Date submitted _____
 Received by _____

Organization Information

Name of organization		
Legal name (if different)		
Address		
City, State, Zip, County		
Phone	Fax	Website
Top paid staff person		
Title	Phone	E-mail
Grant contact person (if different)		
Title	Phone	E-mail
Total full-time staff		Total part-time
Total number board members		Total number volunteers

Tax Exempt Status

<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 509(a)(1)	<input type="checkbox"/> 509(a)(2)	<input type="checkbox"/> School	<input type="checkbox"/> Government
<input type="checkbox"/> Not a nonprofit organization; have a fiscal sponsor				
Fiscal sponsor name				
Tax ID Number			Date of IRS Determination Letter	

Organization Mission and Budget

Mission statement	
Brief description of activities/objectives	
Programming site(s), if different from above	
Primary population served (age, socio/economic status, race/ethnicity)	
Geographic area served	
Annual operating budget \$	Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documents

- Copy of IRS determination letter
- Copy of current organization annual budget

Authorization

Name/title of top paid staff or Board chair: _____

Signature of top staff or Board chair: _____