



354 Indigo Way
Allentown, PA 18104
484-387-0015
www.andrereedfoundation.org
info@andrereedfoundation.org

Proposal Cover Sheet

Name of Organization: _____

Program Name (if applicable): _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____ Web address: _____

Name and title of Contact Person: _____

Name of Executive Director: _____

Federal Tax ID number: _____ Year Organization was founded: _____

Mission of Organization: _____

Geographic area served by the program: _____

Amount requested: \$ _____

Date(s) and amount(s) of previous Andre Reed Foundation grants, if any: _____

Type of grant you are requesting: General Support or Program Support

Summarize purpose of the grant: _____

Program's dates (if applicable): Beginning: _____ End: _____

Organization's annual budget: \$ _____ Program budget, if applicable: \$ _____

Other major funding sources, with amounts: _____

Submitted by: Name: _____ Title: _____

Signature: _____ Date: _____

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