**Jacksonville Children’s Foundation Grant Proposal Summary**

Program Name:

Agency Name:

Agency Address:

Phone: FAX:

Name of Person Completing Application:

Phone:

Email Address of Person Completing Application:

Target Population:

Counties/Cities Served:

Projected Number of Children/Youth Served:

Total Cost of Project:

Amount Requested from Jacksonville Children’s Foundation:

Other Funding Sources for this Program:

Program Description and Itemized Grant Request (Please attach photos or other descriptive information as appropriate):

Goals/Objectives of Program and how this JCF grant will benefit children:

In the event of partial project funding, please list your top 3 priorities: (Note: JCF does not fund salaries, shipping, or food)

1.

2.

3.

Provision for disposal of assets, if necessary: