

# WALTER & ELISE HAAS FUND

## Proposal Cover Sheet

Date of Application: (mo/day/yr): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Application in: (check only one)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Arts      | <input type="checkbox"/> Economic Security | <input type="checkbox"/> Other Grantmaking Interests |
| <input type="checkbox"/> Education | <input type="checkbox"/> Jewish Life       |  |

**Proposal Submitted by:**

Name of Agency	
Contact Person – Name and Title	
Address	
Phone (with extension, if applicable)	
Fax	
E-mail	
Website	
Name of Executive Director (print)	
Executive Director E-mail	
Signature of Agency Executive Director	

**Fiscal Sponsor, if used:**

Name of Fiscal Sponsor	
Name of Fiscal Sponsor Contact (print)	
Address	
Phone (with extension, if applicable)	
Fax	
E-mail	
Website	
Signature of Fiscal Sponsor Contact	

Project Title: \_\_\_\_\_

Brief Description: \_\_\_\_\_

Project Budget: \$ \_\_\_\_\_ Agency Budget: \$ \_\_\_\_\_

**Request from Walter and Elise Haas Fund:**

Amount: \$ \_\_\_\_\_ # of Months: \_\_\_\_\_

<b>For Haas Fund Office Use Only</b>		Date received (mo/day/yr): _____/_____/_____
Date routed (mo/day/yr): _____/_____/_____ Routed to: <input type="checkbox"/> PD <input type="checkbox"/> FNP <input type="checkbox"/> AF <input type="checkbox"/> SR <input type="checkbox"/> AGC <input type="checkbox"/> Other: _____	Date entered into Gifts (mo/day/yr): _____/_____/_____ Entered by: <input type="checkbox"/> MM <input type="checkbox"/> JW <input type="checkbox"/> Other: _____	Supporting Documents: <input type="checkbox"/> Board List <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Financial statement or audit <input type="checkbox"/> Check AG/IRS website <input type="checkbox"/> Project Budget <input type="checkbox"/> Agency Budget