

The Mark Wahlberg Youth Foundation
Grant Pre-Application

Date: _____

1. Legal Name of Organization: _____

2. Address: _____

3. Phone: _____ Fax: _____ Email: _____

4. Name of CEO or Executive Director: _____

5. Primary Contact Person and Title: _____

6. Primary Contact Person Phone and Email: _____

7. IRS 501 (c) (3) nonprofit? (Please circle) YES NO

8. State your Organization's Mission: _____

9. Project/Program Name: _____

10. Request Amount: _____

11. Project/Program Description (no more than four sentences):

12. List the proposal's target population, constituents, and geographic communities: _____

13. Total number of board members: _____ Total number of volunteers: _____

14. Total number of staff: Full-time _____ Part-time _____

15. Total annual organizational budget: \$ _____ Fiscal Year End: ___/___/_____

16. Project/Program budget: \$ _____

17. The period this grant will cover: ___/___/_____ to ___/___/_____

18. List any previous support from the Mark Wahlberg Youth Foundation in the last five years:

