



Vetting Form

Agency Name: _____

Agency Address: _____

Phone Number: _____

Executive Director: _____

Contact Person: _____ Title: _____

Program/Project Name: _____

Total Project Budget: \$ _____ Project Period: _____

Amount Requested: \$ _____ Number of People Served by Project: _____

Type of Grant Requested: _____ Regular Operating Support _____ One-time Capital Project
_____ Special Project _____ Endowment

Other Funders - Committed (\$ awarded) _____

Other Funders - Pending (\$ requested) _____

Please attach the following information in the four areas listed below. (The proposal cannot be processed without them.)

- Program Description: Provide a 1-2 page brief description of the agency and the program/project to be funded, including a needs assessment objective and program budget.
- Attach a list of the agency's Board of Directors, Advisory Board, and staff.
- Agency Budget: Attach a copy of the current budget and last financial statement. Also, complete the information below:

Total Annual Income \$ _____ Total Reserves \$ _____

Total Annual Expenses \$ _____ Total Endowment \$ _____
- Agency Tax Status: Attach a copy of the agency's federal nonprofit tax-exemption letter from the IRS documenting 501(c)(3) nonprofit status.

Please mail to:
The Make Sense Foundation
9211 Irvine Blvd.
Irvine, CA92618