**ATTACHMENT A**

Kitsap County Commission on Children and Youth

##### Programs that Prevent and Reduce the Impact of Adverse Childhood

##### Experiences through Building Resiliency

##### Grant Summary Page

**Applicant:** Phone:

Organization: Number of FTEs:

Mailing Address: City State Zip

Email address: Web:

Physical Address: City State Zip

Contact Person: Title:

Type of Request: (operating, project, capital, etc.)

**Amount Requested:** $

**Number of people and geographic area to be served:**

**Purpose of this grant**

**Organizational description:**

**12-month Program Goals:**

**Financial Information:**

Current year operating budget: \_\_\_\_\_\_\_revenue; \_\_\_\_\_\_\_\_\_expenses; \_\_\_\_\_\_\_surplus/(deficit)

Prior year operating actuals: \_\_\_\_\_\_\_revenue; \_\_\_\_\_\_\_\_\_expenses; \_\_\_\_\_\_\_surplus/(deficit)

**In percentages, what is the breakdown of support for your 🞎 organization or 🞎 project?**

\_\_\_\_\_\_% Government \_\_\_\_\_\_% Private Foundations \_\_\_\_\_%Fees/Earned Income

\_\_\_\_\_\_% Corporations \_\_\_\_\_\_%Individuals \_\_\_\_\_\_% Other (explain)

**Identify the source, amount and date of receipt of your 100% private matching dollars**

**Does your organization currently have an endowment?**