



The MakeSense Foundation™

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 with 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) Non-Profit status.

Please mail to:
The MakeSense Foundation Organization
Attn: Sunni Houston
4000 Birch Suite #112
Newport Beach, CA 92660

For more information call: (949) 261-3200

Please note: Please mail application, do not fax.

APPLICATIONS ACCEPTED ANNUALLY BEGINNING MAY 15 THROUGH JULY 15. MUST BE POSTMARKED BY JULY 15.