

Grantee Profile

To assist us with your request, please answer the following questions in the space provided.

1. Name and address of organization:

2. Name and title of organization's professional head:

3. Contact person, title and phone number/extension:

4. Brief description of your organization's history:

5. Mission of the organization:

6. Number of staff members:

7. Size of organization's annual budget:

8. Does the organization's Board see and formally approve the financial audit? (Yes/No)

9. Does the organization receive a management letter? (Yes/No)
 - a. If yes, does the Board see and approve the letter? (Yes/No)

10. Please describe your revenue stream. Percentages (even if approximate) should add up to 100%.
 - a. What percentage is from foundations?

 - b. What percentage is from individual and corporate donations?

 - c. What percentage is from government grants and/or contracts?

- d. What percentage is from fee-for-service?
- e. What percentage is from other revenue (for example fund raisers, endowment and special events)?

11. What percentage of board members makes an annual financial contribution to the organization?

12. Do you have an endowment? (Yes/No)

If yes, what is the size of the endowment?

13. Other than the current proposal, have you ever applied for a grant from the Mt. Sinai Health Care Foundation? (Yes/No)

If yes, when?

14. Please list other foundations from which support is being sought for **this project** and indicate the amount being sought.

Foundation: Amount:

Foundation: Amount:

Foundation: Amount:

Foundation: Amount: