

**Cover sheet**

***Shaaron Kent Fund – San Miguel de Allende Grants 2020***

**General information**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **City** |  |
| **State**  |  |
| **Zip Code** |  |
| **Telephone**  |  |
| **Website** |  |
| **Facebook**  |  |
| **Year founded** |  |
| **Mexican Tax Number (RFC)** |  |
| **Mission** |  |
| **Vision**  |  |
| **List of Executive Staff, position and number of years with the organization**  |  |
| **List of Board of Directors, profession and number of years serving as board member with organization**  |  |

**Financial information**

|  |  |
| --- | --- |
| **Organizational Budget (current fiscal year)** |  |
| **Amount requested to the Shaaron Kent Fund**  |  |
| **Have you had an operating deficit in the past 3 years? ?** |  |
| **If yes, is there a reason why that occurred?**  |  |

**Contact information**

|  |  |
| --- | --- |
| **Primary contact name** |  |
| **Primary contact title** |  |
| **Primary contact phone (office and mobile)** |  |
| **E-mail**  |  |
| **Secondary contact name** |  |
| **Secondary contact title** |  |
| **Secondary contact phone (office and mobile)** |  |
| **E-mail** |  |
| **CEO/Executive Director (or equivalent employee) name** |  |
| **Years with the organization** |  |
| **Do you have a succession plan in place? Please describe why or why not.** |  |

**Signature and Submission**

*By signing the boxes below, we acknowledge that we have read this application and approve its submission and agree to comply with the Shaaron Kent Fund – San Miguel de Allende Grants 2020 reporting and accountability requirements.*

|  |  |
| --- | --- |
| **Please enter the name and title of the staff person who is acknowledging submission** |  |
| **Signature**  |  |
| **Please enter the name and title of the board member who is acknowledging submission** |  |
| **Signature** |  |