

T H E E D W A R D E . F O R D F O U N D A T I O N
P R O P O S A L C O V E R S H E E T

Name of Association: _____ Founding Date: _____

Address: Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Staff:

Executive Director: _____ Date of Appointment: _____

Number of Professional Staff: _____ Number of Support Staff: _____

Membership:

Qualifications for Membership:

Number of Member Schools: _____ Number of Students in Member Schools: _____

Number of Teaching Faculty (FTE) in Member Schools: _____

Governance Structure:

Major Services Provided to Member Schools:

Finance: Annual Operating Budget:

	Current Fiscal Year	Last Fiscal Year
Income:	_____	_____
Expense:	_____	_____
		Reserves: _____
		Debts: _____