

The Mayors' Prayer Breakfast Of Greater Kansas City

Fund Recipient Application

Our Mission

*To emphasize morality, ethics and spirituality
in business, labor, the professions and government*

Organization _____

501(c)(3) EIN # _____

Applicant Name _____

Title _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Fax () _____

E-Mail _____

How do the programs or services provided by your organization align with the Mission of the Committee for the Mayors' Prayer Breakfast?

What services does your organization provide that directly benefits the people of the greater Kansas City community?

Fund Recipient Application (continued)

If your organization is selected as the Recipient, state briefly how funds will be utilized. What added impact would be achieved with the requested grant?

Has your organization been a CMPB Funds recipient during the past three years? Yes_____ No_____

If yes, what year? _____ If yes, how were funds utilized? (please **attach**)

Number of members on your Board of Directors _____ Names of Board Members (please **attach**)

What is the **annual operating budget** of your organization? \$_____ (please **attach**)

What percentage of your annual budget is utilized specifically for programs and services? _____%

What percentage of your annual budget is utilized specifically for administrative cost? _____%

What is your major fund raising source? _____

List additional fund sources, if applicable. _____

Application must be postmarked or e-mail dated by August 15, 2016

Direct questions to: Linda Dillon Telephone (816) 863-0992

E-Mail: KCCMPB@aol.com

Submitted by _____

Date _____

Mail application to:

Committee for the Mayors' Prayer Breakfast

Attn: Linda Dillon

P.O. Box 26071

Overland Park, KS 66225

Revised June 2016