

Compassionate Health Center

32-0237943

Name of the Organization

Federal ID #

If not a 501 (c) 3 complete the Verification of Charitable Use of Funds on next page.

**FC WOMEN'S GIVING CIRCLE BUDGET SUMMARY**

**Project/Activity Expenses**

- How the project money will be spent.
- Please place an \* next to the items for which you are requesting funding from the Community Foundation.
- Also list items from top to bottom in order of importance to the success of the project.

Item	Amount	% of Total Project
<b>General Operating Funds*</b>	<b>15,000.00</b>	<b>33.00</b>
We are looking to replace the lost revenue from our annual golf outing		
Golf outing usually netted us around \$15,000.		
<b>TOTAL PROJECT/ACTIVITY EXPENSES:</b>	<b>15,000.00</b>	

Copies of best estimates/contractor proposals appreciated.

**Source of Funds**

Please list other organizations where you have applied for funding or will be supporting the project.

Name of Organization	Amount Pending	Amount Given
Beacon Credit Union Foundation	0.00	5,000.00
CHC No Show Golf Outing	0.00	5,840.00

All organizations that receive funds must report at project completion, giving a statement of impact and providing pictures when applicable.