

BOOMERANG SISTERHOOD BUDGET SUMMARY

Complete and email to corinne@nicf.org

\$1,500.00

86-1080830/0

Dollar Amount Requested

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

Amounts available will be \$500 up to \$1,500

Name of Group or Organization: North Miami Community Schools

Contact Name: Rebecca Wiley / Rachael Bradbeck

Address: 570 E. 900 N. Denver, IN 46926

Telephone: 765-985-3891

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Project Name: Strengthening Families Program

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
* Food	\$3,000.00	21%
* Incentives	\$2,500.00	17%
* Supplies	\$4,000.00	28%
Contracted Services	\$4,500.00	32%

TOTAL PROJECT/ACTIVITY EXPENSES:

Source of Funds. Other organizations where you have applied for funding or will be supporting the project.

Name of Organization	Amount Pending	Amount Given
<u>Kosciusko Cares</u>	<u>\$4,500.00</u>	<u>0</u>
<u>Community Foundation</u>	<u>\$8,000 - \$9,500</u>	<u>0</u>