

11. List other funding sources that have been requested and the present status:

12. How is the effectiveness of your agency measured?

13. Please list Three References

1) _____

NAME			PHONE
ADDRESS	CITY	STATE	ZIP CODE

2) _____

NAME			PHONE
ADDRESS	CITY	STATE	ZIP CODE

3) _____

NAME			PHONE
ADDRESS	CITY	STATE	ZIP CODE

The information contained in this statement is for the purpose of obtaining funding from The People Fund Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that The People Fund Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The People Fund Trust is authorized to make all inquires they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

SIGNATURE OF REPRESENTATIVE

DATE

If you have any questions regarding the status of your grant request, please e-mail the People Fund Trust at peoplefund@skrecc.com. Applications will be considered on an annual basis only.