

**Fundraising Plan**

 **Do not exceed 2 pages**

List **ALL** funding requests for **this specific project**. (Please limit to 2 pages - no smaller than 12 point font.)

**Planned Requests: (Not yet submitted)**

|  |  |  |
| --- | --- | --- |
| Organization  | Planned Date of Submission  | Amount to be requested  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 Total:

**Pending Requests: (Requests that have been submitted)**

|  |  |
| --- | --- |
| Organization  | Amount Requested  |
| SMCF (Enter your current request for us)  | $ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 Total:

**Approved Requests:**

|  |  |  |
| --- | --- | --- |
| Organization  | Amount Requested  | Amount Approved  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 Total:

**In-Kind Requests:** (Please list in-kind contributions and their value)

|  |  |  |
| --- | --- | --- |
| Organization  | Services/Goods Provided  | Value of Contribution  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 Total:

**Declined Requests:**

|  |  |
| --- | --- |
| Organization | Amount Requested |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Total:

**Total Project Budget Amount**: $

**Total ask of SMCF:** $

**Total of all Planned, Pending, Approved and In-Kind Requests**: $

*(The total amount of all Planned, Pending, Approved and In-Kind requests should be equal to or greater than the total budget amount.)*