



**The Mirasol Foundation, Inc.
PROPOSAL FOR FUNDING**

Submitted by _____ Title _____ Date ____/____/____

Name of Organization _____

Address _____

EIN# _____ Website _____

Contact Name/Title _____

Phone _____ Email _____

Mission Statement

Organization Focus Civic Education Health Social Services

Grant Request \$ _____ Total Program Budget _____

Grant Proposal Name and Brief Description

PLEASE RETURN COMPLETED FORM BY EMAIL TO:
BOARD@MIRASOLFOUNDATION.ORG
OR BY MAIL TO: MIRASOL FOUNDATION, INC.
ATTN: GIFTS & GRANTS COMMITTEE
11600 MIRASOL WAY, PALM BEACH GARDENS, FL 33418