

**PUBLIC SUPPORT SCHEDULE**

Grantee Name: \_\_\_\_\_ Currency: \_\_\_\_\_

**NOTE - Please include a copy of the latest audited financial statements and/or financial support for the amounts provided below.**

Calendar year (or fiscal year ending in)	20__ (a)	20__ (b)	20__ (c)	20__ (d)	20__ (e)	Total Received (f)	Public Support (g)	Total Support (h)
1. Gifts, grants, and contributions received								
2. Membership fees received								
3. Program service revenue: gross receipts from admissions, merchandise sold, services performed, or facilities provided. Include only activities related to the charitable purpose of the organization							X	X
4. Gross income from interest, dividends, rents, and royalties							X	X
5. Net income from business activities that are unrelated to the organization's charitable or other exempt purpose							X	X
6. The value of services or facilities furnished by a governmental unit without charge								
7. Totals - add lines 1 through 6								
8. Enter 2% of line 7(h) here and at the top of the Major Donor Support form - <b>complete Major Donor Support form, listing each organization or individual whose contributions for these five years exceeded this amount</b>								
9. Total from column (h) on Major Donor Support form								} Completed by Mott Foundation
10. Line 7(g) minus line 9(g)								
11. Public Support percent - line 10(g) divided by line 7(h)							%	



**MAJOR DONOR SUPPORT** (page 2)

**ENTER 2% FIGURE FROM LINE 8 OF PUBLIC SUPPORT SCHEDULE: \_\_\_\_\_**  
**LIST ALL CONTRIBUTORS WHOSE FIVE-YEAR TOTAL IS MORE THAN THIS NUMBER**

**DESCRIPTION KEY FOR TYPES OF FUNDING SUPPORT** (enter the appropriate number in the KEY column beside each donor's name):

- |   |  |
|---|--|
| 1 - Individual or family                | 4 - Private foundation (a grantmaker like the Mott Foundation) |
| 2 - Company or corporation              | 5 - Publicly supported organizations                           |
| 3 - Governmental agency or organization | 6 - Other - describe as clearly as possible                    |

COMPLETE NAME of each donor whose five-year total is more than the 2% figure entered above	KEY	20__ (a)	20__ (b)	20__ (c)	20__ (d)	20__ (e)	Total (f)	2% figure from above Completed by Mott Foundation (g)	Column (f) minus (g) (h)
<b>Totals</b>									

Enter this amount on line 9 of Public Support Schedule