

Grant Application Cover Sheet

Please complete all sections of this cover sheet. This form is designed to be filled out and printed.

1. Applicant Organization Information

Legal Name of Organization:	<input type="text"/>
Doing Business As (if applicable):	<input type="text"/>
Mailing Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Federal Tax ID (EIN):	<input type="text"/>
Website Address:	<input type="text"/>

2. Primary Contact Person

Full Name:	<input type="text"/>
Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

3. Project Information

Project Title:	<input type="text"/>
Amount Requested (\$):	<input type="text"/>
Total Project Budget (\$):	<input type="text"/>
Proposed Start Date:	<input type="text"/>
Proposed End Date:	<input type="text"/>
Geographic Area Served:	<input type="text"/>

4. Project Summary

Provide a brief one-sentence summary of the project:

5. Authorization

By signing below, the undersigned certifies that the information contained in this application is true and correct to the best of their knowledge.

Authorized Representative Name:	<input type="text"/>
Title:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>