****Cover Sheet**

|  |  |
| --- | --- |
| **APPLICATION DATE** |       |
|  |  |
| **APPLICANT INFORMATION** |  |
|  Name: |   |
|  | *Use exact legal name of the organization to which the grant is to be paid.* |
|  EIN: |       |
|  Address of Organization: |       |
|  |       |
|  Telephone Number: |       |
|  Fax Number: |       |
|  Contact’s Email Address: |        |
|  Website URL: |       |
|  Executive Director/CEO: |        |
|  Contact Person & Title: |       |
|  | *\*If not the ED/CEO*. |
|  Staff: | Number of Full-Time Employees:      Number of Part-Time Employees:      Number of Volunteers       |
|  Total Organizational Budget: Organization’s Fiscal Year MM/DD/YY - MM/DD/YY | $             |
| **GRANT REQUEST** |  |
|  Project Name: |        |
|  Total Amount Requested: | *$* |
|  Check One: | [ ] *One Year Grant* [ ] *Multi-Year Grant (over* *3\_years)* |
|  Funding Request Date Range:  MM/DD/YY - MM/DD/YY |        |
|  Check One: | [ ] General Operating Support[ ] Project Support[ ] Capital Campaign[ ] Capacity Building |
|  Total Project Budget Overall Project Duration: MM/DD/YY - MM/DD/YY | $             |
|  Executive Summary:*2-3 sentences explaining the need, project and population* *to be served.* |         |