****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.* |  |