**Grant Application Cover Sheet**

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| --- | --- |
| Date of application:  | Application submitted to:  |

**Organization Information**

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of organization* |  | *Legal name, if different* |  |
| *Address* | *City, State, Zip* | *Employer Identification Number (EIN)* |
| *Phone* | *Fax* | *Web site* |  |  |  |
| *Name of Chief Executive Officer* | *Title* | *Phone* |  | *E-mail* |  |
| *Name of contact person regarding this application* | *Title* | *Phone* |  | *E-mail* |  |
| Is your organization an IRS 501(c)(3) not-for-profit? |  |  |  Yes  | No |
| *If no*, is your organization a public agency/unit of government? |  |  |  Yes  | No |
| *If no*, check with funder for details on using fiscal agents, and list name and address of fiscal agent: |
| *Fiscal agent’s EIN number* |

**Proposal Information**

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| --- | --- |
| Funds request by category:Technology Upgrades $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Service Delivery $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Protective Equipment $\_\_\_\_\_\_\_\_\_\_Training $\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Total Request $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| - | - |

09/11/2020

**Budget**

|  |  |
| --- | --- |
| Dollar amount requested: |  $  |
| Total annual organization budget: |  $  |
| Total project budget (for support other than general operating): |  $  |

**Authorization**

|  |
| --- |
|  |
| **Signature** |

09/11/2020