

## Grant Application Cover Page

Organization Information		
Organization: _____	Executive Director/Official: _____	
Address: _____		
Phone: _____	Fax: _____	E-mail: _____
Contact Person if other than above: _____	<input type="checkbox"/> 501(c)(3), not a private foundation (Attached copy of IRS letter) <input type="checkbox"/> Other (Designate Fiscal Agent) <input type="checkbox"/> Governmental tax exempt	501(c)(3) Fiscal Agent, if applicant organization is not a 501(c)(3) organization: _____ _____ _____
Phone: _____	T.I.D.# _____	_____
Indicate application made for: <input type="checkbox"/> Mini Opportunity Grant <input type="checkbox"/> Program Opportunity Grant (See Program & Funding Interests Booklet for more information)		
Descriptive Title of Project: _____		
Summary of Proposed Project: _____ _____ _____		
Project Time Table: From _____ to _____		
Population Served: (Indicate specific groups project will serve with a ✓ or %)		
Age:    _____ Under 5 _____ School Age _____ Young Adults _____ Adults _____ Older Adults _____ Not applicable/All  Special: _____ Physically Disabled _____ Mentally Disabled  Gender: _____ M    _____ F    _____ Both	Neighborhood(s): (Give boundaries)  If larger geographic area, identify the following: City/town/village/community:  Parish(es):	
Project Budget		
Amount Requested from Foundation: \$ _____	Total Project Budget: \$ _____	
Cash Amount Requested from Others: \$ _____	In-Kind Contributions: \$ _____	
Last Year's Actual Revenues: \$ _____	Current Year's Budget: \$ _____	
Signatures: By signing this form, the applicant is certifying that the information contained herein is true and correct, that the proposed project has been adopted by the applicant as a part of its plan of work, and that all payroll taxes have been paid and are current as allowed by law.		
_____	_____	
Executive Director/Official	Authorized Officer of Board	