

GRANT APPLICATION COVER SUMMARY

Complete this form by either filling-in the information on this sheet or by reproducing the form exactly. Listed on the reverse are those grantmakers who accept the Common Grant Application and Common Report Forms, either in whole or in part, as official application forms.

1. **Legal Name of organization:** _____
Address, Telephone and Fax: _____

Email address: _____ Web address: _____
Name and title of Contact Person: _____
Name of Executive Director: _____
Name of President of Board: _____
Federal ID number: _____
2. **IRS 501(c) (3) nonprofit? Please circle: YES NO**
If **Yes**, please attach copy of designation letter from the IRS.
If **No**, please identify your fiscal agent and attach the written agreement from the fiscal agent.
3. **Amount Requested: \$** _____
4. **Type of Grant Requested** [Operating, Project, Challenge, Matching, Technology, Capital]:
5. **State Your Organization's Mission** (2 Sentences):
6. **Summarize the proposal and its strategic link with this funder**, including the **name** of the project or the capital campaign, if applicable (4 Sentences):
7. **List the Proposal's Target Population, Constituents, and Geographic Communities:**
8. **Total number of organization's Board Members:** _____
9. **Total number of organization's Employees:** Full Time _____ Part Time _____ Volunteer _____
10. **Total annual organizational budget: \$** _____ **Dates of fiscal year:** _____
11. **Project or capital budget (if applicable): \$** _____
12. **Time period this grant will cover:** ____/____ to ____/____
13. **Does your organization receive support from United Way, Combined Health, Arts Council or any other federated funds? Please circle: YES NO**
If **Yes**, percentage of total operating budget supported by federated funds: _____%
14. **List previous support from this funder in the last five years, purpose, amount and date:**

15. **Signature of Executive Director:** _____ **Date:** _____