

Attachment A: Cover Sheet

Application Cover Sheet

This form must be filled out electronically.

Applicant Information		
Applicant Legal Name: (MUST MATCH W-9, UNLESS USING A FISCAL AGENT)		
Fiscal Agent, if Applicable: (MUST MATCH W-9)		
Mailing Address:		
City:	State:	Zip:
Phone:	Tax ID:	
Contact Person		
First Name:	Last Name:	
Title:	Phone:	
Email:		
Signature Authority		
First Name:	Last Name:	
Title:	Phone:	
Email:		
Type of Applicant: (check one)		
County or State Educational Institution	County Government Agency	Non-profit/Community Based Organization
School District	Other Government Agency	Private Entity/Institution
Other (please describe):		
Project Information		
Project Title:		
Funding Amount Requested:		

I certify that the information contained in this proposal is true and correct to the best of my knowledge and belief. The funds being requested in this application do not supplant any existing revenue sources. I further certify that this grant application is submitted with the full knowledge and endorsement of the individual or board of this organization, which is empowered to enforce compliance with all contract conditions.

Signature (must sign in blue ink)

Print Name

Position

Date