**PROPOSAL COVER SHEET**

(You may neatly hand write this portion of the proposal)

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Organization Name:

Street Address:

City:

State: Zip Code:

Main Phone: Fax:

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Program Name:

Program Street Address (if different):

City:

State: Zip Code:

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Executive Director:

Phone: Email:

Primary Contact Person (if different):

Phone: Email:

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Total Proposal Request (may not exceed Maximum Grant Amount on page 7): $

Total FY 2017-18 Projected Agency Budget: $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information provided in this application is true.

|  |  |
| --- | --- |
| Signature | Date |

**BOARD OF DIRECTORS**

(You may neatly hand write this portion of the proposal)

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| Name | Years on Board | Neighborhood of Residence (using map on p.14 of this RFP) | Affiliation/Occupation |
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