**PROPOSAL COVER SHEET**

(If legible, you may hand write this part of the proposal)

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Agency Name (or Fiscal Sponsor Name):

Street Address:

City:

State: Zip Code:

Main Phone:

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

Program Name:

Program Description (one-liner):

Program Street Address (if different):

City:

State: Zip Code:

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Executive Director:

Phone: Email:

Primary Contact Person (if different):

Phone: Email:

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

Grant Applying for: **African American Community Stabilization RFP**

Total Grant Proposal Request (may not exceed $200,000): $

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Type: |  | New |  | Existing, no service expansion |  | Existing, service expansion |

Total FY 2019 or FY 2020 Agency Budget: $

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

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

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