**PROPOSAL COVER SHEET**

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Agency Name (or Fiscal Sponsor Name):

Street Address:

City:

State: Zip Code:

Main Phone:

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Project Name:

Project Description (one-liner):

Project 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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Grant Applying for: **LGBTQ Youth Facility Capital Project RFP**

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

Total FY 2020 or FY 2021 Agency Budget: $

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

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