

Community Services Block Grant Discretionary Grant Application Form Grant Application Cover Sheet

Date of application: _____ Application submitted to: _____

Organization Information

<i>Name of organization</i>	<i>Legal name, if different</i>		
<i>Address</i>	<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>	
<i>Phone</i>	<i>Fax</i>	<i>Web site</i>	
<i>Name of Chief Executive Officer</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
<i>Name of contact person regarding this application</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No

If no, is your organization a public agency/unit of government? _____ Yes _____ No

If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

	<i>Fiscal agent's EIN number</i>

Proposal Information

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served:

Funds are being requested for (check one)

_____ General operating support	_____ Start-up costs	_____ Capital	
_____ Project/program support	_____ Technical assistance	_____ Other (list)	_____

Project dates (if applicable): _____ Fiscal year end: _____

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Budget

Dollar amount requested:	\$ _____
Total annual organization budget:	\$ _____
Total project budget (for support other than general operating):	\$ _____

Authorization

Name and title of Executive Director or board chair: _____

Signature _____