

**This cover sheet must be attached to the front of all grant applications.**

**1. Organization Information:**

a. Applicant Organization Legal Name: \_\_\_\_\_

b. Executive Director/Official: \_\_\_\_\_ c. Title: \_\_\_\_\_

d. Address: \_\_\_\_\_ e. City/State/Zip: \_\_\_\_\_

f. Telephone: \_\_\_\_\_ g. Fax: \_\_\_\_\_

h. E-mail: \_\_\_\_\_ i. Website: \_\_\_\_\_

**2. Program Contact Information:** a.  Check if same as Organization Information.

b. Name: \_\_\_\_\_ c. Title: \_\_\_\_\_

d. Address: \_\_\_\_\_ e. City/State/Zip: \_\_\_\_\_

f. Telephone: \_\_\_\_\_ g. Fax: \_\_\_\_\_ h. E-mail: \_\_\_\_\_

**3a. Title of Proposed Project:** \_\_\_\_\_

**3b. Proposed Funding start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

<p><b>4a. Population Served:</b> (Indicate geographic area(s) project will serve)</p> <p>Area Served: _____ El Paso County          _____ Hudspeth County          _____ Doña Ana County          _____ Otero County          _____ Luna County          _____ Ciudad Juarez</p>	<p><b>4b. Project Budget:</b></p> <p><b>b1.</b> Amount requested from Foundation: \$ _____</p> <p><b>b2.</b> Cash amount requested from others: \$ _____</p> <p><b>b3.</b> In-kind contribution: \$ _____</p> <p><b>b4.</b> Total project budget: \$ _____</p>
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**5. Memorandum of Agreement Information:** a.  Check if same as Organization Information.

b. Name of signee: \_\_\_\_\_ c. Title: \_\_\_\_\_

d. Telephone: \_\_\_\_\_ e. Fax: \_\_\_\_\_ f. E-mail: \_\_\_\_\_

g. Mailing address for Memorandum of Agreement: \_\_\_\_\_

h. City/State/Zip: \_\_\_\_\_

**6. Payment Information:** a.  Check if same as Organization Information.

b. Mailing address for check: \_\_\_\_\_

c. City/State/Zip: \_\_\_\_\_

d. Contact person for questions about payment: \_\_\_\_\_ e. Telephone: \_\_\_\_\_

**7. Signature:** By signing this form, the applicant is certifying that the information contained herein is true and correct, that the proposed project has been adopted by the applicant as part of its plan of work. Please notify the Foundation if any information on this cover sheet changes.

\_\_\_\_\_  
Executive Director/Official and Title Date

=====8. For Foundation Use Only=====

Goal: \_\_\_\_\_ Program Officer: \_\_\_\_\_

Grant Term: \_\_\_\_\_ Date application received: \_\_\_\_\_

ID # \_\_\_\_\_ Ref # \_\_\_\_\_

**Recommended for funding:** YES \_\_\_ NO \_\_\_ Recommendation date: \_\_\_\_\_

**Amount Recommended:** \_\_\_\_\_ by: \_\_\_\_\_