



# Grant Application Cover Sheet

This cover sheet must be combined with the grant application and does not count against page limit.

**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 project start date: \_\_\_\_\_ End date: \_\_\_\_\_

**4a. Project Budget:**

b1. Amount requested from El Paso County: \$ \_\_\_\_\_

b2. In-kind contribution: \$ \_\_\_\_\_

b3. Leveraged resources: \$ \_\_\_\_\_

b4. Total project budget: \$ \_\_\_\_\_

**5a. Population Served:** (indicate geographic area(s) project will serve)

<b>b. Area Served:</b> _____ <b>Unincorporated Areas</b>	_____ <b>Municipal Service Areas</b>	_____ <b>Other Areas</b>
_____ Westway	_____ City of El Paso	_____ Canutillo
_____ Canutillo	_____ City of Socorro	_____ Fabens
_____ Fabens	_____ Town of Horizon City	_____ Fort Bliss
_____ Tornillo	_____ Village of Vinton	_____ Vinton
_____ Agua Dulce	_____ City of San Elizario	_____ San Elizario
_____ Montana Vista	_____ Town of Clint	_____ Socorro
_____ Sparks	_____ Town of Anthony	_____ Tornillo
_____ Inside El Paso City Limits		

**6. Agreement Signatory Information:** a.  Check if same as Organization Information.

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

c. Telephone: \_\_\_\_\_ e. Fax: \_\_\_\_\_ f. e-mail: \_\_\_\_\_

g. Mailing Address for Agreement: \_\_\_\_\_

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

**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 El Paso County if any information on this cover sheet changes.

Executive Director/Official \_\_\_\_\_ Date \_\_\_\_\_

=====8. For Review Team use Only=====

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

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