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Stafford Fund Grant Application Cover Sheet

Please submit **one original and two copies** for a total of 3 copies of this form and your letter of intent.

Print or type only.

Organization _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone Number(s) _____ Email _____

Project Title _____

Amount Requested \$ _____ Total Project Cost \$ _____

Proposal Submission Date _____ Project Start Date _____

Program Area (check one)

____ Children

____ Education

____ Youth

____ Fight disease or infirmity

____ Families

Type of Funding:

___ Program Support

___ Capital

___ Other (specify): _____

Twenty-five word summary of your grant proposal: _____

Date Organization Established _____ Number of Full-Time Employees _____

Date Program/Project Initiated (if applicable) _____

FOR OFFICE USE ONLY

Date Received: _____