



2012 Regular Grant Cycle Cover Sheet

Legal Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Federal Tax ID Number: _____ if you do not have a Tax ID please complete next section

Executive Director's First Name: _____ Last Name: _____

Email: _____ Direct Line: _____

Legal Name of Fiscal Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Federal Tax Identification Number: _____

Executive Director's First Name: _____ Last Name: _____

Email: _____ Direct Line: _____

SHORT Description of Request: Please keep your description short and concise. No more than two lines.

The purpose of this request is to support _____

Type of request: _____ General Operating _____ Project Support



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Financial Budget Year: _____ Fiscal (July-June) _____ Calendar (January-December)

Request Amount: \$ _____ Annual Organizational Budget: \$ _____

For project support please indicate: Project Start Date: ____/____/____ Project End: ____/____/____

SELECT ONE: Please select the focus area that aligns best with your organization's mission:

<input type="checkbox"/>	Education Reform	<input type="checkbox"/>	Economic Justice	<input type="checkbox"/>	Women & Children Empowerment
<input type="checkbox"/>	Housing Reform	<input type="checkbox"/>	Environmental Justice	<input type="checkbox"/>	Healthcare Reform and/or Disabilities Rights
<input type="checkbox"/>	Indigenous Rights	<input type="checkbox"/>	Immigration Rights	<input type="checkbox"/>	Social Justice Civic Participation
<input type="checkbox"/>	Prison Reform	<input type="checkbox"/>	Labor Rights	<input type="checkbox"/>	Juvenile Justice Prison Reform
<input type="checkbox"/>	LGBTQ Rights	<input type="checkbox"/>	Youth Empowerment	<input type="checkbox"/>	
<input type="checkbox"/>	Other, Please describe:				

SELECT ONE: Please select the primary population served by your organization:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Latino/a	<input type="checkbox"/>	Native American/American Indian
<input type="checkbox"/>	Asian American/Pacific Islander	<input type="checkbox"/>	Haitian	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Arab American/Chaldean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Mixed Ethnicity
<input type="checkbox"/>	Non-Specific	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other Indigenous Population, Please describe:				

SELECT ONE Please select the primary group that is served by your work

<input type="checkbox"/>	Men	<input type="checkbox"/>	Women	<input type="checkbox"/>	Children	<input type="checkbox"/>	People with Disabilities
<input type="checkbox"/>	Youth	<input type="checkbox"/>	Low-Income	<input type="checkbox"/>	LGTBQ	<input type="checkbox"/>	Non-Specific

Signature of Executive Director

Date:

Signature of Board Chair

Date