

**Proposal Cover Sheet**  
*(Please fill out, then print and sign)*

**DATE:**

**AMOUNT REQUESTED:**

**PURPOSE OF GRANT:**

Legal Name of Organization:

Address:

Telephone:

Web site:

Board Chair:

Exec. Director/Paid Staff Head:

Contact Person:

Title:

Contact Telephone:

Contact E-mail:

Fiscal Agent (if applicable):

Address:

**BRIEF DESCRIPTION OF YOUR ORGANIZATION:**

**AGENCY ETHNIC/RACIAL COMPOSITION: Staff (#):**

**Board (#):**

Professional Support

Asian

Black/African American

Hispanic/Latino

Native American

White, Non-Hispanic

Other

Total

Is your agency accessible to people with disabilities? Yes  No

**PROJECT GOALS AND ACTIVITIES:**

**Geographic Location** *(specify borough(s) and/or neighborhood(s) where applicable):*

**POPULATION TARGETED BY PROJECT:**

**Age**

General Population

OR if more than 51% check one:

0-11

12-24

0-24

25-65

65+

Youth & Adults

Families

Intergenerational

**Gender**

General Population

OR if more than 75%:

Male

Female

**Ethnicity/Race**

General Population

OR if more than 51%:

Asian

Native American

Black/African American

Other

White, Non-Hispanic

Hispanic/Latino

Mixed Non-White

\_\_\_\_\_  
Signature of Executive Director/Paid Staff Head

\_\_\_\_\_  
Date