
Name of Nominator_____

Phone:_____ Cell:_____

Name of Nominator: _____

Phone: _____ Cell Phone (if available): _____

F. Are you affiliated with any sectarian or religious group?

G. Please list the names and amounts from other sources contributing 10% or more of your total budget in the past 2 years.

H. Project Period: from_____to_____

*This application must be signed by the Chair or another *non-paid* officer of the agency's governing body.

Signature

Title

Print Name

*Name of program director or person from whom further information may be obtained:

Name

Title

Telephone

F O R O F F I C E U S E O N L Y

Date Received: _____ Proposal # _____

Telephone Contact: _____

Acknowledgment sent: _____ Category _____

Action Taken: Approved _____ Declined _____

DISTRIBUTION INFORMATION:

Amount approved: \$ _____ Fund: _____

Distribution Schedule: Date: _____ Amount: _____

 Date: _____ Amount: _____

 Date: _____ Amount: _____

 Date: _____ Amount: _____

Approval Letter date: _____ Decline Letter date: _____

Evaluation due dates: _____