

**March of Dimes
Chapter Community Grants Program
APPLICATION COVER SHEET**



Applicant Organization _____

Project Title _____

Address _____

Contact Name _____

Phone/Fax _____

E-mail _____

Please provide a brief synopsis of your project (2 sentences are sufficient):

Approximately how many unduplicated individuals will be served during the grant year? _____

List the race/ethnicity of the *majority* of individuals served (if applicable): _____

Please indicate the positive impact that the project will be measure and report on:

Increase in knowledge Behavior change Improved birth outcomes
 Other _____

Please list the **one primary** funding priority that the application addresses from the numbered funding priority areas on page 2 of the RFP:

Total grant amount requested: \$ _____

Check should be made out to: _____

Is your agency willing to accept partial funding? Yes No

Does the budget include funds for a consultant or other subcontract? Yes No

Signature - Primary Staff Person Date Type Name and Title

Signature - Executive Director Date Type Name and Title