

**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):
To provide:

Approximately how many individuals will be served by your project? _____

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

Please list the **one primary** funding priority that the application addresses from the **letters a-h on page 2 of the RFP**:

(Adjust the letters if you are not including all in the RFP or have added SIDS. DELETE these instructions.)

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