

Grant Application Cover Sheet

ORGANIZATION

Organization: _____

Employer's Identification Number (EIN):

Total Grant Funds Requested: \$ _____

Principal Officer or equivalent (person authorized to sign grant application and/or an awarded contract):

Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

The undersigned, having carefully read and considered the Request for Grant Applications to provide Capacity-Building for Refugees, does hereby offer to perform such services, in the manner described and subject to the terms, conditions and budget set forth in the attached proposal. In addition, as principal of this organization, I commit that this organization, or any employee or contractor thereof, will not charge any refugees for interpreter services. To the best of my knowledge and belief, all data in this application is true and correct.

Authorized Signature: _____ Date: _____

GRANT POINT OF CONTACT (if different from above)

Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PRINCIPAL OFFICE

Street Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Fax: _____

Telephone: _____ Email: _____