

Appendix C

Standard Cover Sheet

The Standard Cover Sheet must accompany all LOI and Full Application submissions.

Organization Contact Information

Legal Name of Organization

Other Names or Acronyms of Organization

Mailing Address

City, NC Zip

Website address

Organization Phone

Organization Fax

Executive Director

Director Phone

Director Email

Project Coordinator Name/Title

Coordinator Phone

Coordinator Email

Project Information

Project Title

County/area to be served by the project

Amount Requested

Total Project Budget

Organization Information

Brief Grantee Description-**Limited to no more than 1,000 characters (does include spaces).**

DUNS Number

Applicants Non-Profit Status (Check one.)

501(c)(3) Organization. EIN: ___ - ___ - ___ - ___ - ___

Public Agency

Faith Community

Other (specify): _____

Organization's Total Annual Operating Budget is \$ _____ for the Fiscal Year
Starting _____ and Ending _____.

By my signature, I affirm that our organization is in compliance with all applicable federal, North Carolina, and local regulations, including but not limited to discrimination against a person or group on the basis of age, race, national origin, ethnicity, gender, disability or religious belief.

Printed Name
Chair/President of Non-Profit Board
Or Authorized Official

Signature

Date