

Cover Sheet

DORS Grant #: _____

Grant Title: _____

Name of Grantee: _____

Federal ID #: _____ DUNS #: _____

Mailing Address: _____

Telephone: _____ Email: _____ FAX: _____

Contact Person: _____

Mailing Address (if different from above): _____

Telephone: _____ Email: _____ FAX: _____

Funds Requested: _____

Signature of Head of Agency/ Executive Director Date

Signature of Board of Director, President Date