

**REQUEST FOR PROPOSAL
FORMULA GRANT
COVER SHEET FFY10**

1. NAME OF AGENCY _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____
2. AGENCY DIRECTOR _____
3. GRANT DIRECTOR _____
4. FINANCIAL OFFICER _____
5. LEGAL STATUS OF AGENCY: Governmental Agency _____
 Native American Tribe _____
 Juvenile Probation Department _____
 Non Profit _____
6. DOES AGENCY HAVE BOARD OF DIRECTORS? _____ If yes, attach list of names, affiliations and addresses as an Appendix.
7. FEDERAL TAX ID NO. _____
8. TITLE OF PROPOSED PROJECT _____
9. IS THIS A **NEW** GRANT PROPOSAL? YES _____ NO _____ Previous funding period(s) and amount awarded: _____
10. AMOUNT REQUESTED \$ _____
11. PROGRAM AREA _____
12. SIGNATURE OF AUTHORIZING OFFICIAL/DATE _____