

# SOPHIA TRAVIS COMMUNITY SERVICES GRANT PROGRAM APPLICATION COVER SHEET

Today's Date:

Organization Requesting Funding: Are you a 501(c)(3)?  Yes  No

## **ORGANIZATION INFORMATION**

Organization Name:

Organization Address/City:  /  ZIP:

Primary Contact/Director Name:  Daytime Phone

Cell Number:  Email Address:

Secondary Contact:  Daytime Phone:

Cell Number:  Email Address:

Grant Writer Name:  Daytime Phone:

Cell Number:  Email Address:

## **PROPOSED PROJECT**

Project Title:

Project TOTAL Cost:  **Grant Fund REQUEST:**

Total Clients Served by this Project:  Total Monroe County Residents Served:

## **OTHER FUNDS EXPECTED FOR PROJECT**

Amount:  Source:  Confirmed  Pending

Amount:  Source:  Confirmed  Pending

Amount:  Source:  Confirmed  Pending

## **FUNDING INFORMATION**

*Note: Please itemize by priority the program elements; partial funding may be implemented in some instances.*

Item 1:  Cost:

Item 2:  Cost:

Item 3:  Cost:

Item 4:  Cost:

Item 5:  Cost:

Item 6:  Cost: