

# Form B. Application Cover Page

If an organization is using a fiscal agent, complete this form twice – once for the fiscal agent and once for the organization implementing the project.

Circle one... This page is for:	The applying organization (no fiscal agent required)	The fiscal agent	The implementing organization (using a fiscal agent)
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Legal Name of Organization	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Email	
Website	
DUNS Number	

Contact Person/Project Mgr.	
Title	
Phone	
Fax	
Email	

Chief Executive	
Title	
Phone	
Fax	
Email	

Please provide the following for the person who is authorized to sign contracts:

Name	
Title	
Phone	
Fax	
Email	

Circle One:

Long Form	Short Form
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Total Project Expenses:	
Amount Requested:	Total Match:

Amount Requested + Total Match should equal Total Project Expenses.