

Form B. Application Cover Page

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

Check one...This page is for:

| | |
|--|--|
| The applying organization (no fiscal sponsor required) | |
| The fiscal agent | |
| The implementing organization (using a fiscal sponsor) | |

| | |
|----------------------------|--|
| Legal Name of Organization | |
| Mailing Address | |
| City, State, Zip | |
| Website | |
| DUNS Number | |
| City Council District | |
| City Councilmember's Name | |

| | |
|-----------------------------|--|
| 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 | |

Check One:

| | | | |
|-----------|--|------------|--|
| Long Form | | Short Form | |
|-----------|--|------------|--|

| | | | |
|-------------------------|--|--------------|--|
| Amount Requested: | | Total Match: | |
| Total Project Expenses: | | | |

Amount Requested + Total Match should equal Total Project Expenses.