



Small Grants Program Information Cover Page

Project Name: _____

Organization Name: _____

Contract Office: _____

Contact Name: _____

Contact Email: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Names & Titles of Person(s) with Signature Authorization for your Organization:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Please note if your organization does business under another name: YES NO

If YES, what is the name: _____

Grant End Date: _____