

COVER SHEET

Legal name of organization:		
Address of organization:		
City:	State:	Zip Code:
Phone #:	Fax #:	
Website Address:		
Date of Incorporation:	Federal Tax ID#:	
Organizational Status:	IRS 501 (c)(3) <input type="checkbox"/> or (4) <input type="checkbox"/>	<input type="checkbox"/> Tribal Organization
Mission Statement:		

Name of Executive Director (ED):	Title:
ED telephone number:	ED email address:
Contact for this application:	Contact title:
Contact telephone number:	Contact email address:

Signature of authorized official (Board Chair or Executive Director)

Date

Printed name

Title