

**Name of Organization:**

**U.S. Non-Profit Tax ID #:**

**Executive Director:**

**Program Title:**

**Amount Requested:**

**Organization(s) Address:**

**Name and title of primary contact person for this grant:**

**E-mail:**

**Website:**

**Phone:**

**Fax:**

**Program evaluator:**

***REQUIRED MATERIALS CHECKLIST  
PLEASE SUBMIT THE FOLLOWING:***

- 1. Completed Cover Sheet**
- 2. Proposal Description (2 pages) – please see JFMIP guidelines**
- 3. Program budget: show line-item revenue, expenses and in-kind support**