

Grant Application Cover Sheet

Project Name: _____

Date of Application: _____ Principal Investigator: _____

Contact Person: _____ Email Address: _____

Address (principal/administrative office): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Beginning Date of the Project: _____ Ending Date of the Project: _____

Purpose: _____

Project Goals: _____

Which area of focus relative to CAIs does the application support? Circle all that apply.

Health and Human Services	Emergency Response Providers	Libraries		
	Education Primary or Secondary	Education	Social Services	Government Local or Regional

List community partners you will work with to ensure the success of this project. If there are none enter N/A.

Describe your audience or population who will be served or impacted.

