

# CHILD HEALTH Grant Cover Sheet



**Instructions:** Cover sheet information should fit on one sheet and should be attached to the narrative. The narrative should follow the outline provided.

**Please attach:**

- Audited Financial Statement
- List of major funding sources
- Annual budget

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person/Title (if different from ED): \_\_\_\_\_

Project: \_\_\_\_\_

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

Project Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning and Ending Dates of the Project: \_\_\_\_\_

Population to be Served: \_\_\_\_\_

Geographic Area to be Served: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Executive Director or Board President*