1. **Cover Page (Submit with Application)**

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| --- | --- |
| Full name of organization |  |
| Federal EIN number |  |
| Contact Person/Project Manager |  |
| Address (the applicant must have a physical location in the District of Columbia) |  |
| Telephone number(s) |  |
| Fax number |  |
| Email(s) |  |
| Website if applicable |  |
| Date organization established |  |
| Type of organization (see section VIII) |  |
| Not-for-profit, for-profit or other status |  |
| Brief overview of the organization including last year’s budget (100 word maximum) |  |
| Proposal abstract: Provide a brief summary of the application (150 word maximum, may extend table to a second page) |  |