

**Department of Workforce Services – RCBO Level 2 - 2014**  
**Grant Application Cover Sheet**

**ORGANIZATION**

Organization: \_\_\_\_\_

Employer's Identification Number (EIN):  
\_\_\_\_\_

Total Grant Funds Requested: \$ \_\_\_\_\_

Principal Officer or equivalent (person authorized to sign grant application and/or an awarded contract):

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**The undersigned, having carefully read and considered the Request for Grant Applications to provide Capacity-Building for Refugees, does hereby offer to perform such services, in the manner described and subject to the terms, conditions and budget set forth in the attached proposal. In addition, as principal of this organization, I commit that this organization, or any employee or contractor thereof, will not charge any refugees for interpreter services. To the best of my knowledge and belief, all data in this application are true and correct.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GRANT POINT OF CONTACT (if different from above)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**PRINCIPAL OFFICE**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

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