



Department of Workforce Services

Application form for Level 3
Grant Application Cover Sheet

Applicant

Name of Organization: _____

Point of Contact:

Name _____ Telephone () _____

Email Address _____

Principal Office:

Street Address _____

City _____ County _____

State _____ Zip Code _____

Telephone () _____ FAX () _____

Email Address _____

Employer's Identification Number (EIN): _____

Amount requested: \$ _____

Authorized Signature:

Name _____

Title _____

Signature _____

Date _____

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.