

Proposal Cover Sheet



- Please fill out this cover sheet to include with the online application.
- Attach the completed cover sheet with the online proposal application

Legal Name of Organization: _____

(Name should be the same as on the IRS Determination Letter and as supplied on IRS Form 990.)

COVID-19 Response Fund (select one):

County/City

Nonprofit/Public-School District

Amount requested from OHF: \$ _____

Applicant Contact Information:

Name: _____

Title: _____

Phone Number: _____

Email: _____

Organization Director Contact Information:

Name: _____

Title: _____

Phone Number: _____

Email: _____

Certification: In submitting this proposal, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any funds granted. This application becomes property of the Obici Healthcare Foundation. **A COMPLETE SUBMISSION MUST INCLUDE THE SIGNATURE OF THE ORGANIZATION'S CEO, ED OR PRESIDENT.**

Authorized Official's Signature

Date

Printed Name and Title