

# Proposal Cover Sheet



Directions for Completing this Form:

- 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.)

**Program Title:** \_\_\_\_\_

**Amount requested from OHF: \$** \_\_\_\_\_ **Total Project Budget: \$** \_\_\_\_\_

**Applicant Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Project Director Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Project Description:**

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**Project Start Date:** \_\_\_\_\_ **Project End Date:** \_\_\_\_\_

**Which funding opportunity are you applying for (Refer to the RFP):**

Strengthening the Safety Net – Core Operating Support Grant **(Invitation Only)**  
Maternal and Child Health – Home Visiting Grant **(Invitation Only)**  
Early Childhood Education **(Invitation Only)**

Healthy Behaviors – Healthy Spaces Grant  
Healthy Behaviors – Partnership Development Grant  
Healthy Behaviors – Planning Grant  
Healthy Behaviors – Implementation Grant

**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