

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:** \$ _____

Authorized Official Director Contact Information:

Name: _____ Title: _____

Phone Number: _____ Email: _____

Short Project Description:

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
Maternal and Child Health – Home Visiting Grant
Education *(Invitation Only)*
Capacity Building- Partners & Providers

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