

## COVER SHEET

**Please fill out all information below and be as precise as possible. Add additional sheets if necessary.  
Please note that Paws To People's grant funding limit is \$10,000 per fiscal year.**

<b><u>GENERAL INFORMATION</u></b>						
Name of Project:						
Date this application was prepared:						
Grantee Contact Information:	Name:					
	Address:					
	City:				State:	
	Zip Code:					
	Phone Number:				Extension:	
			<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	
	Fax Number:					
E-Mail Address:						
Contact Information for Grantee's Organization:						
	Name of Organization:					
	Address:					
	City				State:	
	Zip Code:					
Brief Description of Grantee's Organization <i>(Add additional sheets if necessary):</i>						

Project Contact Person:	Name:					
	Address:					
	City:				State:	
	Zip Code:					
	Phone Number:				Extension:	
		<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home		
	Fax Number:					
	E-Mail Address:					
Team Members. <i>List all those who will carry out the project. Add additional sheet if needed.</i>						
Total Number on Team:						
1.	Name:					
	Title:					
	Role:					
2.	Name:					
	Title:					
	Role:					
3.	Name:					
	Title:					
	Role:					
4.	Name:					
	Title:					
	Role:					
Specified Oversight Manager:						
Project Start Date:						
Project Phasing Dates:						
Expected Project Completion Date:						

<b>FUNDING SOURCES</b>							
Other sources contacted for funding ( <i>Add additional sheet if necessary.</i> ):							
1.	Name of Organization:						
	Name of Person Contacted:			Title:			
	Organization's Information:		Phone:			Extension:	
		Address:					
		City:		State:			
		Zip Code					
Name of Person who made the contact:							
Date Contact was made:							
Result ( <i>Add additional sheet if necessary.</i> ):							
2.	Name of Organization:						
	Name of Person Contacted:			Title:			
	Organization's Information:		Phone:			Extension:	
		Address:					
		City:		State:			
		Zip Code					
Name of Person who made the contact:							
Date Contact was made:							
Result ( <i>Add additional sheet if necessary.</i> ):							
3.	Name of Organization:						
	Name of Person Contacted:			Title:			
	Organization's Information:		Phone:			Extension:	
		Address:					
		City:		State:			
		Zip Code:					
Name of Person who made the contact:							
Date Contact was made:							
Result ( <i>Add additional sheet if necessary.</i> ):							

Other possible funding sources ( <i>Add additional sheet if needed.</i> ):				
1.	Organization's Name:			
	Location:	City:		State:
		Zip Code:		
	Possible Funding Amount:			
2.	Organization's Name:			
	Location:	City:		State:
		Zip Code:		
	Possible Funding Amount:			
3.	Organization's Name:			
	Location:	City:		State:
		Zip Code:		
	Possible Funding Amount:			

<b><u>BUDGET SUMMARY</u></b>	
Total Estimated Project Cost*:	
<i>*On a separate sheet, please show break down of your estimated project cost to illustrate how you came to the "Total Estimated" amount. For example: costs related to equipment, lab time, resources, etc.</i>	
Total Request for First Year:	

***For Paws To People Use Only:***

Date Grant Application Received:				
Project Number Assigned:				
Request for additional information:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date Request Made:				
Type of information requested:				
Date Requested Additional Information Received:				
Phone Interview Held:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date Held:				
Result:				
Amount of Funding Approved:				
Date Application Considered By Advisory Board:				
Date Application Declined:				
Date Application Accepted for Further Review:				
Date Application Considered by Board of Directors:				