

**March of Dimes**  
**2011 Chapter Community Grants Program**  
**APPLICATION COVER SHEET**



**\* ALL SECTIONS MUST BE COMPLETED for proposal to be considered \***

Applicant Organization \_\_\_\_\_

Project Title \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Please provide a brief synopsis of your project (2 sentences are sufficient):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many unduplicated individuals will be served during the grant year? \_\_\_\_\_

List the race/ethnicity of the *majority* of individuals served (if applicable): \_\_\_\_\_

Please indicate the positive impact that the project will measure and report on:

Increase in knowledge       Behavior change       Improved birth outcomes  
 Other \_\_\_\_\_

Please list the **one primary** funding priority that the application addresses from the numbered funding priority areas on page 2 of the RFP:

\_\_\_\_\_

Total amount requested:      \$ \_\_\_\_\_      Cost per individual:      \$ \_\_\_\_\_

Check should be made out to: \_\_\_\_\_

Is your agency willing to accept partial funding?       Yes       No

Does the budget include funds for a consultant or other subcontract?       Yes       No

\_\_\_\_\_  
Signature - Primary Staff Person      Date      Type Name and Title

\_\_\_\_\_  
Signature - Executive Director      Date      Type Name and Title