

**APPENDIX A
COMMUNITY GRANT PROGRAM COVER SHEET**

I. Applicant

Name of Organization: _____

Type of Organization: Public agency K-12 school 501c3 non-profit
 Small business Sponsored project of another 501c3 non-profit

Mailing Address: _____

Website: _____

Primary Contact Person: _____ Title: _____

Phone #: () _____ Fax #: () _____ E-mail: _____

Executive Director: _____

Phone #: () _____ Fax #: () _____ E-mail: _____

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| <p>Fiscal Sponsor (if applicable)*: _____</p> <p>Mailing Address: _____ _____</p> <p>Primary Contact Person: _____ Title: _____</p> <p>Phone #: () _____ Fax #: () _____ E-mail: _____</p> <p><i>* A fiscal sponsor is a non-profit or public agency that permits an organization that does not have a tax-exempt status to operate under its auspices. If you have a fiscal sponsor, please complete this box AND attach your fiscal sponsor's IRS tax-exempt letter.</i></p> |
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II. Project

Project Title: _____

Program Area / Grant Type (e.g. Outreach and Education, Emissions Reductions or Respiratory Health Improvement): _____

Total Project Cost: \$ _____ District Funding Request: \$ _____

Individual authorized to enter into a formal agreement with the Air District:

I, _____, authorize the submittal of this grant application and certify that all information is correct and accurately reflects the project scope, costs, timeline, and availability of funds.

Signature: _____

Title: _____

