***Supporting Family Caregivers of Older Adults through Adult Day Services***

Grant Application Cover Sheet

**Name of Organization:**

**Address Line 1:**

**Address Line 2:**

**City:**      **State:**       **Zip:**

**Telephone:** **(**     **)**     **-**      **Fax:** (     )     -

**Primary Contact Person:**       **Title:**

**Contact Telephone:** **(**     **)**      **-**      **E-mail:**      **@**     **.**

**Project Title:**

**Amount Requested:** **$**      **Total Project Budget:** **$**

 (If different from the amount requested; includes In-Kind)

**Acknowledged and Approved by:**

**Executive Director:**      **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Board President:**      **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**The following items must accompany the Grant Application Cover sheet:**

|  |  |
| --- | --- |
| **[ ]**  | 1. Executive Summary
 |
| **[ ]**  | 1. Background and Population Served
 |
| **[ ]**  | 1. Organizational Capacity
 |
| **[ ]**  | 1. Project Description
 |
| **[ ]**  | 1. Evaluation Plan
 |
| **[ ]**  | 1. Sustainability Plan
 |
| **Attachments:** |
| **[ ]**  | * Line-item Budget
 |
| **[ ]**  | * Budget Narrative
 |
| **[ ]**  | * List of Staff Members’ Qualifications
 |
| **[ ]**  | * Job Descriptions for New Staff (if applicable)
 |
| **[ ]**  | * Grants and Pending Applications
 |
| **[ ]**  | * Financial Documents (PDF accepted)
 |
|  |  **[ ]** A copy of the organization’s IRS 501 (c) 3 tax exempt status letter; |
|  |  **[ ]**  A copy of the organization’s most recent IRS Form 990; and |
|  |  **[ ]** A copy of the organization’s most recent audited financial statements. |
| **[ ]**  | * List of Board of Directors and their occupations (if applicable)
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