



TRAINING GRANT COVER SHEET

Organization Name:			
Contact Person Name/Title:			
Phone:			
Contact Email:			
Physical Address:			
City:		State	
Zip Code:			
Mailing Address (If Different):			
City:		State	
Zip Code:			
Date of Request:			
Signature of Chief Executive:			
Signature of Chief Volunteer Officer:			

Please fill out this form and fax to 1.888.733.2346 with the following items attached: proof of 501c(3) status, description letter, current board list, staff organizational chart, and current operating budget. Deadlines for grant are August 10, 2009 and December 4, 2009.