

Application Cover Sheet

This form must accompany your proposal, which must be post-marked on or before the deadline of March 15, 2020. Please type or print — only *complete* applications will be accepted. Make sure to read the application instructions.

	احجا	accepted. Make sure to read the application histractions.
		Name of Applicant
		Address
		City State Zip
		Contact Person: Phone
		E-mail Address:
)rganizatior	n descri	iption and/or applicant biography:
lease check	one of	the following:
		3) (if yes, please enclose copy of IRS Verification letter.)
		t governmental unit (please specify)
		olease specify)
•	Julei (þ	nease specify/
mount requ	uested t	from JMF: \$ Total project cost: \$
_		to
-		unds for this project for more than one year? Yes No
thic ic a mu	ılti-vea	r request, tell us
	-	-
low many y	ears:	How much money per year?
•	n whon	other funding sources that you have applied for or received for thin? How much requested? How much committed? Will our grant

Title

Date _____