

**Louisiana Developmental Disabilities Council  
Application for Funding  
Cover Sheet**

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

Project Director \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Type of Organization \_\_\_\_\_

Is the Organization \_\_\_\_\_ Non-Profit? \_\_\_\_\_ A Corporation? \_\_\_\_\_ Publicly traded?

Solicitation of Proposals (SOP) Title \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Parishes Served by the Project \_\_\_\_\_

\_\_\_\_\_

Project Period Begins \_\_\_\_\_ Project Period Ends \_\_\_\_\_

Project Amount Requested \_\_\_\_\_

Brief Description of Your Project \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_