



Applicant Organization: _____

Project Director: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Type of Organizations: _____

Is the Organization Non-profit? _____ A Corporation? _____ Publicly traded? _____

Solicitation of Proposals (SOP) Title: _____

Your Project Title: _____

Parishes served: _____

Project period begins: _____ Project period ends: _____

Project amount requested: _____

Brief Description of Your Project: _____

I certify that all the information is correct to the best of my knowledge

I certify that my organization have the funds to be reimbursed for all expenses.