ATTACHMENT 1

APPLICATION COVER SHEET

Date: _____

Applicant Organization: _____

Contact Person: _____

POC E-Mail: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Fiscal Organization: _____

Fiscal Agent: _____ (if other than applicant)

Address:_____

City/State/Zip: _____

Telephone: _____

Organization Annual Operating Budget $ _____

Total Project Budget $ _____

Request from Gamma Mu Foundation $_____

Previous Grant Submission: ☐ Yes ☐ No

Previous Funding Received ☐ Yes ☐ No

IRS Exempt: ☐ Approved ☐ Pending

EIN # _____

Applicant Classification:

☐ Private Organization/Institution

☐ Public Organization/Institution

Project Summary, including Title, Commencement Date & Duration (Please limit to space provided):

_____

Checklist:

Completed Proposal Attached in accordance with paragraphs 5.2, 5.3, & 5.4 of guidelines

Audited Financial Statement or SF990 (see paragraph 5.4)

List of Board Members Attached