**2018 Neighborhood Small Grants**

**– Cover Page –**

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| **Project Name:** |  | |
| **Applicant Organization / Group:** | |  |

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| **Applicant Organization Nonprofit Status:** Please select one of the options below and include the associated proof of eligibility documents with your application. | | | |
| **501(c)3 Organization** | [Attach IRS nonprofit determination letter] | | |
| **Fiscally Sponsored by 501(c)3 Organization** | | [Attach fiscal sponsor’s IRS nonprofit determination letter and fiscal sponsorship verification form] | |
| **Applying for Fiscal Sponsorship with SE Uplift** | | | [Attach SE Uplift fiscal sponsorship request form] |

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| **Project Coordinator:** | | |  | | |
| **Phone:** |  | | | **Email:** |  |
| **Mailing Address:** | |  | | | |
| **City, State, Zip:** | |  | | | |

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| **Partner organization(s)** [if applicable]**:** | |  |
| **Requested Funding Amount:** |  | |

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| **Project Summary**: Briefly (75 words or less) summarize the activities and objectives of your project, involvement of key partners, and anticipated outcomes. Please use full sentences. |
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