**Notice of Funding Opportunity: Support Arriving Refugees and Humanitarian Immigrants**

**Application Cover Sheet**

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| Name and address of applicant organization: |  |
| Name and email of Executive Director: |  |
| Name and email of Primary Contact: |  |
| Federal Tax ID or EIN of applicant organization: |  |
| Annual Organization Budget: |  |
| Proposed Program Budget:  (Complete Budget Worksheet) |  |
| Proposed Service(s):  Please check one or more box that applies to your proposal. | Outreach  Information and Referral  Community Orientation and Education  Support Services and Resource Navigation  Other Services: Please specify below  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date proposed to start services: |  |
| Authorized Signature of Applicant/Lead Agency:  *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded to funding.*  *Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |