**Notice of Funding Opportunity: Immigration-Related Legal Services**

**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: |  |
| Are you interested in funding from Commerce, DSHS, or both? |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |