**Cover Sheet**

**Interfaith Social Action Council of Sun City Center, Florida**

**Date Application submitted:**

**1. What is the name of your organization?**

**2. What is your federal ID number?**

**3. What is the title of your project?**

**4. What is the total amount you are requesting?**

**5. What is the total number of persons impacted by your project in our service area?**

**6. What is the name of the person submitting this application?**

**7. What is the preferred telephone number of the person submitting this application?**

**8. What is the email address of the person submitting this application?**

**9. What is the name of the person who is the head of your organization?**

**10. What is the postal address of the person who is the head of your organization?**

**11. What is the name of the person who will be directing this project?**

**12. To whom or to what organization should we make out the check?**

**13. What is the physical (geographical or street) location of your organization?**

**14. Please place below the signature and title of the person who is authorized to approve the submission of this application.**

**15. School requests must be accompanied by a dated and signed letter from the principal.**

**Please Note: Applications will be accepted from December 1st thru 11:59 p.m. January 15th.** (Email headers constitute an acceptable form of submission date proof. You can email the cover sheet and application form to isacofscc@gmail.com. [The email address is an abbreviation of our name: Interfaith Social Action Council of Sun City Center.]  **Please delete this paragraph after you have completed filling out your cover sheet for submission.)**

**Instructions for Grant Cover Sheet**

**Interfaith Social Action Council of Sun City Center, Florida**

**Date Submitted:** Even though an email contains a date, you still must enter on the cover sheet the date you submitted it.

**1. What is the name of your organization? [**Please take special note of section 12.**]**

**2. What is your federal ID number?** (attach copy of the document)

A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free 800-435-7352 with the State. Registration does not imply endorsement, approval and/or recommendation by the State. A copy of the official registration from the State must be attached with the application.

**4. What is the total amount you are requesting?**

Type here in the cover sheet **only** the total number of dollars you are requesting. Place the entire breakdown of the budget for your request in a table or list located where you respond to the grant application form in section 4 titled “How You Will Meet the Need Documented in Section 3?”

**5. What is the total number of people impacted by your project in our service area?**

First priority is given to grant applications submitted from organizations physically located within the boundaries of our geographical service area, which consists of the Alafia River on the North, Hillsborough County line on the East and South, and the Tampa Bay Shoreline on the West. Organizations not physically located within our service area **must** submit documentation showing the estimated percentage of students, clients, or patients being impacted or served within the boundaries of our service area.

**6. What is the name of the person submitting this application?**

**7. What is the preferred telephone number of the person submitting this application?**

**8. What is the Email address of the person submitting this application?**

Responses to questions 6, 7, and 8 allow us to seek answers to any questions we may have about information contained in the grant application. This information will be also used to schedule your in-person interview.

**9. What is the name of the person who is the head of your organization?**

**10. What is the postal address of the person who is the head of your organization?**

**11. What is the name of the person who will be directing this project?**

This person may (or may not) be the same person whose name you gave in answer to question 6.

**12. To whom or to what organization should we make out the check?**

**13. What is the physical (geographical or street) location of your organization?**

**14. Please place below the signature and title of the person who is authorized to approve the submission of this application.**

**If you are able to do so**, make a PDF of **only** this person’s signature; then copy **only** the signature as an image (e.g., a jpg or png) and paste this image into the cover sheet below the section 13 title. Then submit the cover sheet as a Microsoft WORD email attachment. To make a PDF of a signature, simply sign a blank sheet of paper, and then scan the paper as a PDF into a computer.

**If you cannot copy and paste a signature**, then please send **both** a Microsoft Word file with a typed name in the signature location **and** a PDF file with only an official signature. In either case, you may type the person’s title. Do not, however, submit only a PDF attachment. If you submit a PDF file, then you must also submit either a Microsoft WORD or a Microsoft WordPad file.

**15. School requests must be accompanied by a dated and signed letter from the principal.**

**Application will be accepted from December 1st through 11:59 p.m. January 15th.** Email headers and postmarks are acceptable forms of date-submission evidence, but you still must **enter the date on your cover sheet**. You can email the cover sheet and application form to **isacofscc@gmail.com**. [The email address is an abbreviation of our name: Interfaith Social Action Council of Sun City Center.] Please use the cover sheet form itself to submit your cover letter and **not** this set of instructions. Including the instructions themselves in the cover sheet makes it more difficult to read the sheet.