

Attachment A
Cover Sheet with Signature

Organizational Information

Organization Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Organization Type: _____ Non-Profit _____ Government _____ Private For Profit

Total Funding Amount Requested: _____

Is your organization licensed to conduct business in the State of Pennsylvania? _____ Yes _____ No

I hereby certify to the best of my knowledge all information contained in this proposal is accurate and complete, that this is a valid proposal and I am legally authorized to sign and to represent this organization.

Authorized Signature

Date

Typed/Printed Name

Title