



Collaboration Grant Proposal Information Form

Organization Requesting Funds (lead institution):

Legal IRS Name: _____

Employer ID Number: _____

Common Name or DBA (if different than legal name): _____

Address: _____

Project Title: _____

Proposed Grant Period: _____
(Month, Year - Month, Year)

Amount Requested: \$ _____

President (of lead institution):

Contact Person's Prefix and Full Name: _____

Title: _____

Phone Number and Email Address: _____

Person legally responsible for signing grants contracts (if not the President):

Contact Person's Prefix and Full Name: _____

Title: _____

Phone Number and Email Address: _____

Person to whom grant payments should be mailed (Please note that payments cannot be sent to a P.O. Box):

Contact Person's Prefix and Full Name: _____

Title: _____

Address (Not a P.O. Box): _____

Phone Number and Email Address: _____

Person responsible for project oversight (project director):

Contact Person's Prefix and Full Name: _____

Title: _____

Address: _____

Phone Number and Email Address: _____

Collaborating Institutions (please list with a comma separating each institution):
