

**Appendix A: New York State Pollution Prevention Institute
Community Grants Program Proposal Cover Page**

Total Amount Requested: \$ _____

Community Organization Local Government Agency Other Non-Profit Organization

Project Title: _____

Organization: _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone: (____) _____ **Fax Number:** (____) _____

Organization Website: _____

Contact Person/Project Manager: _____ **Title:** _____

Telephone: (____) _____ **Email:** _____

How you heard about the Community Grants Program: **Other:** _____

Project Topic/Focus Area:

➤ **Is the project part of an already existing project?** Yes No

➤ **Are other funds being used/sought to support this project?** Yes No

○ If yes, what are the other source(s) of funding? _____

**Indicate Source of Letter(s) of Commitment
(project partners)**

Letter(s) of Support (optional)

1. _____
Organization

1. _____
Organization

2. _____
Organization

2. _____
Organization

3. _____
Organization

3. _____
Organization

Authorized Proposer Representative:

I certify that the proposing organization is a non-profit organization or local government agency based in New York State that conducts the majority of its work within the state. I further certify that the proposing organization has the ability to meet and provide the financial and administrative commitments outlined in the proposal grant application.

Print Name

Title

Signature

Date