



# PROPOSAL COVER SHEET

Please complete and mail 18 copies of this cover sheet and 18 copies of your proposal and budget to the Speer Trust Commission office, 256 Chapman Road, Suite 205, Newark, DE 19702. The proposal should describe how the project will meet the most basic criteria (on page one of the instructions). Submissions must be received by 2:00 p.m. April 1 or October 15 to be awarded grants in January or June. (If April 1 or October 15 falls on a Saturday or Sunday, the letter of intent will be due the Friday before by 2 p.m.) **If sending overnight delivery, please indicate that a signature is not necessary to leave the envelope. No late applications will be accepted.**

Project Title \_\_\_\_\_

Applicant Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Does your organization have a tax-exempt status under section 501©3? \_\_\_ Yes \_\_\_ No \_\_\_ Status Pending

Brief description of the project's relationship with a Presbyterian Church (U.S.A.) or organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of project's purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total Amount of Funding Requested: \$ \_\_\_\_\_

Do you currently have other income sources? Yes  No

If you checked "Yes" describe source and amount. \_\_\_\_\_

Project is a  New Program  Expansion of Existing Program  New Component of Existing Program

Project Contact Person \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Your mailing address for correspondence \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_