Black Farmers Discrimination Litigation Cy Pres Phase I Grants Cover Sheet

COVER SHEET

* 1. STATUS OF APPLICANT ORGANIZATION

Is your organization registered as a 501(c)(3) tax-exempt nonprofit?

YES: Skip to Section B

NO: To be eligible for a Cy Pres Phase I Grant, the applicant organization must be a tax-exempt nonprofit organization with 501(c)(3) status OR, if the work/project for which you are seeking funds has a fiscal sponsor with 501(c)(3) status, the fiscal sponsor must apply (and complete this Cover Sheet).

FOR FISCAL SPONSOR: If the work proposed in the Cy Pres Phase I Grant Proposal will be conducted by an organization/group under your “fiscal sponsorship,” please complete the following contact information *for the Sponsored Organization/Group*:

Full Name of Sponsored Organization/Group:Enter Name

Mission Statement: Enter Mission Statement

Year Founded: Enter Year Year Partnered as Fiscal Sponsor: Enter Year

Website: Enter Website

Name of President/CEO/Exec. Dir.: Enter Name

Title: Enter Title Phone: Enter Phone

Email: Enter Email

Name of Contact Person(s) if different: Enter Name

Title: Enter Title Phone: Enter Phone

Email: Enter Email Fax: Enter Fax

* 1. APPLICANT ORGANIZATION/FISCAL SPONSOR INFORMATION

*This section is to be filled out by the 501(c)(3) tax-exempt nonprofit applicant organization OR by the 501(c)(3) fiscal sponsor of the sponsored organization/group conducting the proposed work in the Cy Pres Phase I Grant Proposal. If awarded a Cy Pres Phase I Grant, the applicant organization/fiscal sponsor listed in this section will be the legal grantee and responsible accordingly, including reporting the grant in its IRS Form 990.*

Full Legal Name of Applicant Organization/Fiscal Sponsor: Enter Name

Mission Statement of Applicant Organization/Fiscal Sponsor: Enter Mission Statement

Tax ID / Federal Employer Identification Number (EIN #): Enter EIN

Year founded: Enter Year Year received 501(c)(3) Status: Enter Year

Address: Enter Street Address

City: Enter City State: Enter State Zip: Enter Zip

Website: Enter Website

Name of President/CEO/Exec. Dir.: Enter Name

Title: Enter Title Phone:Enter Phone

Email:Enter Email

Name of Contact Person(s) if different: Enter Name

Title: Enter Title Phone: Enter Phone

Email: Enter Email Fax: Enter Fax

This Cy Pres Phase I Grant Proposal (Cover Sheet, Application, and all required attachments) is submitted by the applicant organization or fiscal sponsor named in Section B, above. I hereby verify that the information provided in the Cy Pres Phase I Grant Proposal is accurate to the best of my knowledge, authorize the Cy Pres Grant Administrator to contact the applicant or sponsored organization/group in reference to the information contained within the Cy Pres Phase I Grant Proposal, and certify that I am authorized to make this submission on behalf of the applicant organization or fiscal sponsor.

Authorizing signature: Name:

Title: Date: