



## APPLICATION COVER SHEET

Date: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_ Fiscal Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fiscal Agent: \_\_\_\_\_  
(if other than applicant)

POC E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organization Annual Operating Budget \$ \_\_\_\_\_ IRS Exempt:  Approved  Pending

Total Project Budget \$ \_\_\_\_\_ EIN # \_\_\_\_\_

Request from Gamma Mu Foundation \$ \_\_\_\_\_ Applicant Classification:

Previous Grant Submission:  Yes  No  Private Organization/Institution

Previous Funding Received  Yes  No  Public Organization/Institution

Project Summary, including Title, Commencement Date & Duration (Please limit to space provided):

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**Checklist:**

Completed Proposal Attached in accordance with paragraphs 5.2, 5.3, & 5.4 of guidelines

Audited Financial Statement or SF990 (see paragraph 5.4)

List of Board Members Attached