



Proposal Signature Page

If selected for funding, the information contained in this application will become the foundation of the **Funding Agreement** with TAMC. To the best of my knowledge, all information contained in this application is true and correct.

Signed:

Print Name:

Title:

Date:

Applicant Information

Implementing Organization's Name:

Grant Amount Request:

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Contact (name and title):

Contact Email:

Contact Phone Number:

If the applicant is not a 501(c)(3) organization, then the applicant must partner with an organization that is and can serve as a fiscal sponsor. The applicant must complete the following information about the fiscal sponsor.

Name of Fiscal Sponsor:

Contact (name and title):

Contact Email:

Contact Phone Number:

Tax ID #:
