



2027 Grant Application Cover Sheet

*Fill out and return as part of the
completed grant application packet*

EIN/Tax ID:

Organization's Legal Name:

DBA (if applicable):

Mailing Address:

City/State/Zip Code:

Website:

Executive Director:

Email:

Phone Number:

Grant Contact and Title (if different)

Email:

Phone Number:

Focus of the Grant Application (select one)

- ☐ Development of Foundational Reading and Writing
- ☐ STEAM Program
- ☐ Combination of Literacy and STEAM
- ☐ Safety-Net Services that Remove Barriers of Academic Achievement

Timing of the Grant Application (select one)

- ☐ Summer 2027
- ☐ School Year 2027-2028

Program Start Date:

Program End Date:

Community Served (select one)

Alameda County, CA; Cuyahoga County, OH; Hartford County, CT; King County, WA; Lorain County, OH; Pima County, AZ; San Francisco County, CA; San Juan County, WA

Program Title:

Amount Requested:

Total Program Budget:

Organizational Budget:

I confirm the information provided in the grant application and budget is accurate and complete.

Executive Director Signature: _____ Date: _____