

Application Cover Form

Please complete and submit this proposal cover form with your proposal and supporting documents.

NYS Tribute Foundation

1 South Family Drive

Albany, NY 12205

(518) 452-8230

www.nytributefoundation.org

| | |
|--|---|
| Application Date | _____ |
| Organization | _____ |
| Address | _____ |
| Telephone | _____ |
| Fax | _____ |
| Website Address | _____ |
| Primary Contact | _____ |
| Title | _____ |
| Contact Telephone/Extension | _____ |
| Contact Email | _____ |
| Date of Incorporation | _____ |
| Tax Status | 501 (c)(3) _____ |
| | Other _____ |
| Type of Support Requested (Check One) | <input type="checkbox"/> Program <input type="checkbox"/> Scholarship <input type="checkbox"/> Seed Money <input type="checkbox"/> Research |
| Amount Requested | _____ |
| Total Project Budget | _____ |
| Total Organization Budget | _____ |
| Other Sources of Funds | _____ _____ _____ |
| Brief Project Description | _____ _____ _____ |