

**Appendix A: New York State Pollution Prevention Institute  
Community Grants Program Proposal Cover Page**

Total Amount Requested: \$ \_\_\_\_\_

Community Organization     Local Government Agency     Other Non-Profit Organization

**Project Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**Organization Website:** \_\_\_\_\_

**Contact Person/Project Manager:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Project Topic/Focus Area:** \_\_\_\_\_

- **Is the project part of an already existing project?**                      **Yes**    **No**
- **Are other funds being sought to support this project?**                      **Yes**    **No**
  - If yes, from where are funds being sought? \_\_\_\_\_

**Indicate Source of Letter(s) of Support**

1. \_\_\_\_\_                      \_\_\_\_\_  
*Organization*                      *Contact Person/Title*
2. \_\_\_\_\_                      \_\_\_\_\_  
*Organization*                      *Contact Person/Title*
3. \_\_\_\_\_                      \_\_\_\_\_  
*Organization*                      *Contact Person/Title*

**Authorized Proposer Representative:**

*I certify that the proposing organization is a non-profit organization or local government agency based in New York State that conducts the majority of its work within the state. I further certify that the proposing organization has the ability to meet and provide the financial and administrative commitments outlined in the proposal grant application.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date