**Coversheet**

**Contact Information**

Fiduciary Organization:

Funding Proposal Contact:

E-mail Address:

Phone Number:

**Application Information**

Geographic Area Served:

Population Served:

Funding Request:

Number of IDAs anticipated:

*The undersigned certifies that the information provided within this application is complete, and accurately describes the proposal. For purposes of review and evaluation, the undersigned authorizes release of this information to the review committee. Should the proposal be awarded, the undersigned commits to follow all Statute and Administrative Rules pertinent to the Oregon IDA Initiative, ORS 458.670-700 and OAR 813-300 et seq, as well as all agreements as outlined in the contract.*

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*FO Executive Director Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*FO Executive Director Signature*

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*Date*