

Resilient Community Partnerships

LEAD ORGANIZATION
RFP Cover Sheet

Sustainable Community Funders Collaborative

Grant Request

Amount Requested: _____

Impacted Community or Geography: _____

Organization Information

Organization: _____

Mailing Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title/Role: _____

Telephone: _____ Email: _____

Website: _____

Nonprofit Status:

501 (c)(3) EIN#: _____

Fiscal Sponsor: _____ EIN#: _____

List partner organizations:

_____	_____
_____	_____