

**The Changing Lives Community Fund
2011-2012 Request for Proposals
Proposal Cover Page**

Contact Information

Name of Agency/Organization	
Name and Title of Primary Contact	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Agency Website Address	

Organization's Mission Statement

Proposal Information

Title:

Start Date:

End Date:

Brief Description (no more than 250 words):

Number and Brief Description of Individuals to Benefit (include racial/ethnic and gender composition):

Grant Amount Requested: \$

Agreement and Signature

The undersigned certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of their knowledge, and that the applicant is eligible for funding by The Changing Lives Community Fund and Nevada Community Foundation.

AUTHORIZING OFFICIAL:

Name (printed)

Title

Signature

Date