



Smart Start of Transylvania County

Proposal Cover Sheet, 2018-2019

APPLICANT INFORMATION

PROJECT/ACTIVITY NAME:		
AGENCY/ORGANIZATION/APPLICANT CONTACT NAME:		
Type of organization: <input type="checkbox"/> Private For-Profit Agency <input type="checkbox"/> Public Government Institution/Agency <input type="checkbox"/> 501(c)(3) Non-Profit With Tax-Exempt Status <input type="checkbox"/> Sponsored by a 501(c)(3) Organization <input type="checkbox"/> Other _____		
Federal ID Number:	Date Established:	
Mailing Address:		
Street Address:		
Program Contact Name:	Phone:	Fax:
Email Address:		
Fiscal Contact Name:	Phone:	Fax:
Email Address:		
Authorized Organization Signee Name:	Title:	
Authorized Signee Signature: (REQUIRED)		Date:
Funding Request Amount for 2018-2019: Amount of Cash and In-Kind Contributions: Source of Cash and In-Kind Contributions:		

P R O P O S A L Q U E S T I O N S

Referencing the Activity Description, please answer the following questions:

1. Do you propose any changes or additions to the services offered if you are awarded the contract for this activity? _____Yes _____No

If yes, please describe the changes:

2. Describe the strategies you will employ to make sure the services reach the target population.

3. Describe your proposed client retention strategies.

4. Please detail the expense line items that will comprise your proposed budget.