



Proposal Signature Page

If selected for funding, the information contained in this application will become the foundation of the **Funding Agreement** with TAMC. To the best of my knowledge, all information contained in this application is true and correct.

Signed:	
Print Name:	
Title:	
Date:	
Applicant Information	
Implementing Organization's Name:	
Grant Amount Request:	\$
Contact (name and title):	
Contact Email:	
Contact Phone Number:	
	nization, then the applicant must partner erve as a fiscal sponsor. The applicant must pout the fiscal sponsor.
Name of Fiscal Sponsor:	
Contact (name and title):	
Contact Email:	
Contact Phone Number:	
Tax ID #:	