

# Application Cover Form

Please complete and submit this proposal cover form with your proposal and supporting documents.

*NYS Tribute Foundation*

1 South Family Drive

Albany, NY 12205

(518) 452-8230

[www.nytributefoundation.org](http://www.nytributefoundation.org)

Application Date	_____
Organization	_____
Address	_____
Telephone	_____
Fax	_____
Website Address	_____
Primary Contact	_____
Title	_____
Contact Telephone/Extension	_____
Contact Email	_____
Date of Incorporation	_____
Tax Status	501 (c)(3) _____
	Other _____
Type of Support Requested (Check One)	<input type="checkbox"/> Program <input type="checkbox"/> Scholarship <input type="checkbox"/> Seed Money <input type="checkbox"/> Research
Amount Requested	_____
Total Project Budget	_____
Total Organization Budget	_____
Other Sources of Funds	_____ _____ _____
Brief Project Description	_____ _____ _____