**Appendix A - Cover Page For PPG Application**

|  |  |  |  |  |  |  |  |  |
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| **Application Information** | | | | | | | | |
| Project Title: | |  | | | | | | |
| Applicant (Organization) Name: | |  | | | | | | |
| ME Service Area: | |  | | | | | | |
| County(ies) to be Served: | |  | | | | | | |
| **Grant Point of Contact** | | | | | | | | |
| Contact Name: | |  | | | | | | |
| Contact Title: | |  | | | | | | |
| Address Line 1: | |  | | | | | | |
| Address Line 2: | |  | | | | | | |
| City: |  | | | State: | |  | Zip: |  |
| Email: |  | | | | | | | |
| Phone: |  | | | Fax: | |  | | |
| **Lead Agency/School/School District** | | | | | | | | |
| Contact Name: | |  | | | | | | |
| Contact Title: | |  | | | | | | |
| Address Line 1: | |  | | | | | | |
| Address Line 2: | |  | | | | | | |
| City: |  | | | | State: |  | Zip: |  |
| Email: |  | | | | | | | |
| Phone: |  | | | | Fax: |  | | |
| **Funding Request and Matching Funds** | | | | | | | | |
|  | | | **Total Amount of Grant Funds Requested** | | | **Total Matching Funds** | | |
| Year 1 | | |  | | |  | | |
| Year 2 | | |  | | |  | | |
| Year 3 | | |  | | |  | | |
| **Total Project Cost** | | |  | | |  | | |

**Appendix A (continued)**

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| **Grant Objectives (provide bulleted Objectives)** |
|  |
| **Target Population** |
|  |
| **Programs and Strategies of the Grant (provide a brief paragraph)** |
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Applicant Signature Title Date