

PROPOSAL COVER PAGE

PECONIC ESTUARY PROGRAM		FOR PEP USE
		Project #
TITLE OF PROPOSAL		
PURPOSE/OBJECTIVES		
AMOUNT OF SUPPORT REQUESTED	Period for which support is requested: From _____ through _____ (MM/DD/YY) (MM/DD/YY)	
PROJECT SUPERVISOR	Approval _____ Project Supervisor Signature Date <small>This signature certifies that the matching funds will not be from federal sources</small>	
ORGANIZATION <small>(Name, Address, Phone, Website)</small>	GRANT ADMINISTRATOR <small>(Name, Title, Address, Phone, Email)</small>	APPLICANT'S TAX STATUS
		<input type="checkbox"/> TAX-EXEMPT UNDER 501(C)(3) <input type="checkbox"/> TAX-EXEMPT UNDER 501(C)(4) <input type="checkbox"/> NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) <input type="checkbox"/> NOT TAX EXEMPT <input type="checkbox"/> GOVERNMENT
AUTHORIZED ORGANIZATION REPRESENTATIVE <small>(Print Name, Title)</small>		Date
Signature		