



Children & Youth Partnership  
for Dare County

Ensuring that our children, youth, families, and community all thrive.

**Proposal Application**

Project Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street Address/Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax Identification Number or Social Security Number: \_\_\_\_\_

Type of Organization:

Private \_\_\_\_\_

For profit \_\_\_\_\_

Non-profit \_\_\_\_\_

Public Agency \_\_\_\_\_

501(c) 3 \_\_\_\_\_

Other, please specify \_\_\_\_\_

Project Beginning Date: \_\_\_\_\_ Project Ending Date: \_\_\_\_\_

Budget (FY2017/18): \_\_\_\_\_

Budget (FY2018/19): \_\_\_\_\_

Budget (FY2019/20): \_\_\_\_\_

Total Budget: \_\_\_\_\_



\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date