

## 2022 Inova Health Equity Grants Grant Application Cover Form

PROPOSAL INFORMATION	
<b>Organization Name (as listed with the IRS):</b>	
<b>Organization Name (if different from above):</b>	
<b>Address:</b>	
<b>City, State &amp; Zip:</b>	
<b>Tax Identification Number (TIN):</b>	
<b>Website (if available):</b>	
<b>Does your organization have a current IRS 501(c)(3) status?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Requested Grant Amount and Details	
<b>Amount Requested: \$</b>	
<b>Organization General Operating Budget: \$</b>	
<b>Project Name:</b>	
<b>Project Site(s) Address:</b>	
<b>Which population health need in the CHNAs are you addressing:</b>	
PRIMARY CONTACT INFORMATION	
<b>Name:</b>	<b>Title:</b>
<b>Telephone:</b>	<b>Email:</b>
<b>Signature:</b>	<b>Date:</b>