Attachment C

SECTORS PLANNING GRANT APPLICATION - 2009
COVER/SIGNATURE SHEET

PROJECT NAME: _____

NAME OF APPLICANT REGION: _____

Address: _____

Telephone/Fax: _____

Contact Person/Title: _____

Email Address: _____

PARTNERING REGION(S):

_____

_____

PLANNING PERIOD OF PERFORMANCE (up to 6 months): _____

PLANNING AMOUNT REQUESTED (up to $75,000): $_____

_____ Date _____
Name and Signature - Person Preparing Proposal

_____ Date _____
Name and Signature – Director of Applicant Region

_____ Date _____
Name and Signature – Director of Partner Region

_____ Date _____
Name and Signature – Director of Partner Region

_____ Date _____
Name and Signature – Director of Partner Region

_____ Date _____
Name and Signature – Director of Partner Region