Attachment A

SECTORS INITIATIVE IMPLEMENTATION GRANT APPLICATION - 2010
COVER/SIGNATURE SHEET

PROJECT NAME: _____

NAME OF APPLICANT REGION: _____

Address: _____

Telephone/Fax: _____

Contact Person/Title: _____

Email Address: _____

PARTNERING REGION(S):

_____

_____

AMOUNT REQUESTED: $_____

_____ 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