



2016 Baby & Me Tobacco Free™ Grant Opportunity
LETTER OF INTENT APPLICATION COVER SHEET

Organizational Information

Applicant's Organization _____
Street Address _____
County to Support _____
City/State/Zip _____
Applicant's Name/Title _____
Phone/Fax _____
E-mail/Website _____

My Organization is a 501(c) (3):
___ Yes (EIN/Tax ID # _____) ___ No

Project Information

Please provide a brief synopsis of your Baby and Me Tobacco Free™ implementation project (2 sentences are sufficient):

Please indicate the following:

Approximately how many individuals will be served by your project?

List the Race/ethnicity of the majority of individuals served (if applicable):

Total Grants \$ requested: _____

Signature - Primary Staff Person / / _____
Date Type Name and Title

Signature - Executive Director / / _____
Date Type Name and Title