CSG Use Only
ID#_____
Date Rec'd_____

CSG/US-AEP 2004
SEI Immediate Response Grants
APPLICATION FOR FUNDING
Cover Form

*Please provide the information requested below. This form should be the **first page** of your proposal.*

Lead Agency: Taxpayer ID #	Funds Requested: Match: Project Total:
Title of Project: Asian Target Country: Projected Length of Project:	
Name of project coordinator or contact person: Title: Organization: Phone and Fax: Email: Web Address: USPS Address:	
Please list agencies and organizations comprising the partnership outlined in your proposal and acknowledge if the partner is providing a match and how much:	
To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with all the received assurances if the assistance is awarded: Typed Name of Authorized State Representative: Title of Authorized State Representative: Date Signed:	