

Standardized  
Form

# Contact and Concept Form

## CONTACT INFORMATION

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NAME OF ORGANIZATION

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NAME AND TITLE OF PRIMARY CONTACT PERSON

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TELEPHONE

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EMAIL

In the space provided, please provide a summary of your organization's mission and work.

In the space provided, please summarize what – specifically – your organization would do with the proposed grant.

What is the estimated increase in numbers of young people served made possible by the proposed grant (increase and new estimated total for the program under consideration)?

ESTIMATED INCREASE

NEW ESTIMATED TOTAL