

Grant Proposal

Cover Page



Date of Application: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person and Title: _____

Phone Number: _____ Email: _____

Is this organization a registered 501(c)(3)? _____

If no, please explain: _____

Operation Budget: _____

National organization? _____ If yes, in how many states/regions? _____

Total number of program participants served: _____

Total number of participants to use iMi (not including staff): _____

Will iMi be used to support an existing mentoring program? _____

What is the age range of students served by the mentoring program? _____

Date of intended iMi launch: _____

iMENTOR INTERACTIVE DEMO:

Date of Demo Attendance: _____

Location (if remote, please indicate): _____