**The Blocker Foundation**

705 West Washington St., Suite 200, Suffolk, VA 23434

Proposal Cover Page

Legal Name of Organization: Click or tap here to enter text.

Organization Address: Click or tap here to enter text.

Organization Phone Number: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Project Title: Click or tap here to enter text.

Total Funding Amount Requested from The Blocker Foundation: Click or tap here to enter text.

Total Project Budget: Click or tap here to enter text.

Proposed Grant Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Brief Project Description: Click or tap here to enter text.

*I certify the information provided is complete and accurate to the best of my knowledge by submitting this proposal. A complete submission must include a signature below of the organization’s CEO, Executive Director or President.*

Authorized Signature Date

Printed Name and Title