**2020 Cover Page**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  | **Grant Amount Requested:** |  |  |
|  |
| **Organization Name:** |  |  |
|  |
| **Contact Name:** |  | **Business Address:**  |  |
| **Contact Phone:** |  |  |  |
| **Contact Email:** |  | **EIN:** |  |
|  |
| **What areas of the law does proposal address?****(select all that apply)** | **Family** | **Immigration** | **Civil Rights** | **Criminal** | **Other** |  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
|  | **Housing** | **Healthcare** | **Labor/ Employment** | **Business/ Transactional** | **If other, please list:** |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
|  |  | **Briefly describe who will be served:** |
| **How many people in Hennepin County will be directly served?** | **\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  |  |
| **How many people from each group are expected to be directly served?**  | **Women:** |  | **People of Color:** |  | **Immigrants:** |  |  |
|  | **LGBTQ+:** |  | **Disabled:** |  | **Veterans:** |  | **Children:** |  |  |
|  | **Youth (ages 18-24):** |  | **Homeless:** \_\_\_\_\_\_\_\_\_ | **Low-Income:** \_\_\_\_\_\_ |  |
|  |  |  |
| **Is this a new or on-going program?** | **New:** **[ ]  On Going: [ ]**  |  |