



## Coversheet for 2018 NIRH Proactive Local-Level Policies and Initiatives Requests for Proposals

**Proposal Category** (choose one)

- |  |   |
|--|---|
| <input type="checkbox"/> Protecting Abortion Clinic Access<br><input type="checkbox"/> Funding and Coverage for Reproductive Health Care<br><input type="checkbox"/> Supporting Young People | <input type="checkbox"/> Supporting Families<br><input type="checkbox"/> Advancing Inclusive Policies<br><input type="checkbox"/> Taking a Stand<br><input type="checkbox"/> Other: _____ |
|--|---|

Proposal Title	
Funding Amount Requested	

**Organization Information**

Legal Name	
Projected 2018 Organizational Budget	
Projected 2018 Project Budget, if applicable	
EIN Number	
Mailing Address	
Street Address, if different	
Main Phone Number	

**Primary Contact for Management of Initiative**

Name	
Title	
Phone Number	
E-mail Address	

**Primary Contact for Management of Funding & Reporting** (if different)

Name	
Title	
Phone Number	
E-mail Address	

*If multiple organizations are submitting a proposal together, each organization should submit an individual coversheet.*