



AmeriCorps Kansas

Planning Grant Cover Letter Worksheet

General Organization Information

Organization Legal Name: _____

Unique Entity Identifier (UEI): _____

SAM Registration Expiration Date: _____

Mailing Address: _____

Program Staff Information (Name, Email, Phone)

Legal Representative: _____

Primary Contact: _____

Alternative Contact: _____

AmeriCorps Kansas Program Information

AmeriCorps Kansas Program Name: _____

Program Focus Area: _____

Amount Requested

AmeriCorps Share: _____

Subgrantee Share: _____