**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:** | | | | | | | | | | | | | | | | | | | | |  | | |