

GRIFFIN+SPALDING BUSINESS & TOURISM ASSOCIATION
Pre-Proposal Application

COVER SHEET

This sheet must be completed and returned with the Pre-Proposal Application 30 days prior to submitting the Grant Application.
Please make no substitutions for this sheet.

Date Submitted: _____

Name of Organization: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ FAX: _____

E-Mail Address: _____

Amount Requested: _____

Date(s) Required: _____

This Pre-Proposal is for the calendar year: _____