

Appendix E -- Cover Sheet

**Application to Become a National Families in Action State Partner to
Help Implement the Parent Corps in 10 Partner States**

Name of Organization _____

Address _____

Phone _____ Fax _____

CEO or Executive Director _____

Email contact _____

Date organization was founded _____

Date of 501(c)3 designation _____ or Date of application to IRS _____

Mission of the organization _____

Goals and objectives of the organization _____

Signature of Authorized Official

Title

Applicant Organization

Date

(Please place this cover sheet at the beginning of your application.)