

**COUNCIL ON BRAIN INJURY – OPOORTUNITIES GIVEN  
GRANT APPLICATION**

*Please complete form and submit to:  
CoBI 16 Industrial Blvd. Suite 203 Paoli, PA 19301-1609*

Organization's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

TITLE OF PROPOSAL: \_\_\_\_\_

\_\_FIRST TIME REQUEST

**PROPOSAL:**

*Must include specific responses to the following questions:*

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• *Describe your proposal generally (attach a one-page description if desired):*

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• *How does this proposal relate to your agency's mission?*

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• *How does this proposal relate to CoBI's mission?*

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• *Describe other sources of support you plan to use for this project, if applicable:*

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• *Is there other information that you want to convey about this project? Please include.*

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**PROPOSAL BUDGET:**

*Please attach a one-page budget. The grant proposal should not exceed \$5000. Please be specific in projecting your expenses. List exact figures if known and indicate any other sources of support for this proposal.*

TOTAL NEEDED: \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_

Submission date: \_\_\_\_\_

*Please feel free to include your organization's materials*

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

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