



GRANT APPLICATION INFORMATION SHEET

(RFP - Attachment A)

Form OGC-1002

REV 07/14

A. Title of RFP			
B. Applicant Agency			
Agency Name*			
Street Address**			
City, State, Zip**			
Phone Number		Email	
Fax Number			
C. Type of Agency	<input type="checkbox"/> Public <input type="checkbox"/> Non-Profit/Not-For-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> University <input type="checkbox"/> Other		
D. Geographic Area To Be Served, Target Population, and Estimated Number To Be Served			
Counties Served			
Population			
Number Served			
E. Federal Employer Identification Number (FEIN)			
F. DUNS Number			
G. Applicant Agency's Fiscal Year			
H. Project Costs			
Grant Budget Request			
Local Funds/Cash Match			
In-Kind			
Total Cost			
I. Project Director			
Name			
Title			
Street Address			
City, State, Zip			
Phone Number		Email	
J. Financial Officer			
Name			
Title			
Street Address			
City, State, Zip			
Phone Number		Email	
K. Authorizing Official***			
Name			
Title			
Street Address			
City, State, Zip			
Phone Number		Email	
Signature		Date	

*legal name of organization

**physical address required, including 9-digit zip code

***top level individual at agency