



# GRANT APPLICATION INFORMATION SHEET

(RFP - Attachment A)

Form OGC-1002

REV 10/22

|  |  |  |      |
|--|--|--|------|
| <b>A. Title of RFP</b>   |  |  |      |
| <b>B. Applicant Agency</b>   |  |  |      |
| Agency Name*   |  |  |      |
| Street Address**   |  |  |      |
| City, State, Zip**   |  |  |      |
| Phone Number   |  | Email  |      |
| Fax Number   |  |  |      |
| <b>C. Type of Agency</b>   | <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 |  |      |
| <b>D. Geographic Area To Be Served, Target Population, and Estimated Number To Be Served</b> |  |  |      |
| Counties Served  |  |  |      |
| Population   |  |  |      |
| Number Served  |  |  |      |
| <b>E. Federal Employer Identification Number (FEIN)</b>                                      |  |  |      |
| <b>F. UEI Number</b>   |  |  |      |
| <b>G. Have required Independent Audits been submitted to DCF Audits and are up to date?</b>  |  | <input type="checkbox"/> Yes - Date Submitted    |      |
|  |  | <input type="checkbox"/> No - Audits Attached    |      |
|  |  | <input type="checkbox"/> Not Previously Required |      |
| <b>H. Applicant Agency's Fiscal Year</b>   |  |  |      |
| <b>I. Project Costs</b>  |  |  |      |
| Grant Budget Request   |  |  |      |
| Local Funds/Cash Match   |  |  |      |
| In-Kind  |  |  |      |
| <b>Total Cost</b>  |  |  |      |
| <b>J. Project Director</b>   |  |  |      |
| Name   |  |  |      |
| Title  |  |  |      |
| Street Address   |  |  |      |
| City, State, Zip   |  |  |      |
| Phone Number   |  | Email  |      |
| <b>K. Financial Officer</b>  |  |  |      |
| Name   |  |  |      |
| Title  |  |  |      |
| Street Address   |  |  |      |
| City, State, Zip   |  |  |      |
| Phone Number   |  | Email  |      |
| <b>L. Authorizing Official***</b>  |  |  |      |
| 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