Attachment A – Applicant Information

A. Applicant Agency

Name:		
Address:		
City, ST Zip:		
Telephone:		Email:

B. Type of Agency ☐Public ☐Private Non-Profit ☐Private Profit

C. Official Authorized to Sign Application

Name:		
Title:		
Address:		
City, ST Zip:		
Telephone:		Email:
Signature:		

D. Project Director

Name:		
Title:		
Address:		
City, ST Zip:		
Telephone:		Email:

E. Financial Officer

Name:		
Title:		
Address:		
City, ST Zip:		
Telephone:		Email:

F. Type of Application ☐New ☐Revision ☐Continuation of Grant # _____

G. Title of Project:

H. Geographic Area to be Served and Target Population

Area:	
Population	

I. Federal Identification Number (Fein):

J. DUNS Number:

K. Applicant's Fiscal Year:

L. Project Costs

Grant Funds Requested:	$
Local Funds/Cash Match	$
In-Kind	$
Total Cost	$