|  |
| --- |
| **Attachment A – Applicant Information**A. Applicant Agency  |
| Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City, ST Zip: | Click here to enter text. |
| Telephone: | Click here to enter text. | Email:Click here to enter text. |
|  |  |
| B. Type of Agency [ ] Public [ ] Private Non-Profit [ ] Private Profit |
|  |
| C. Official Authorized to Sign Application |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Address: | Click here to enter text. |
| City, ST Zip: | Click here to enter text. |
| Telephone: | Click here to enter text. | Email:Click here to enter text. |
| Signature: |  |
|  |  |
| D. Project Director |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Address: | Click here to enter text. |
| City, ST Zip: | Click here to enter text. |
| Telephone: | Click here to enter text. | Email:Click here to enter text. |
|  |
| E. Financial Officer |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Address: | Click here to enter text. |
| City, ST Zip: | Click here to enter text. |
| Telephone: | Click here to enter text. | Email:Click here to enter text. |
|  |
| F. Type of Application [ ] New [ ] Revision [ ] Continuation of Grant # \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| G. Title of Project: Click here to enter text. |
|  |
| H. Geographic Area to be Served and Target Population |
| Area: | Click here to enter text. |
| Population | Click here to enter text. |
|  |
| I. Federal Identification Number (FEIN):Click here to enter text. |
|  |
| J. DUNS Number: Click here to enter text. |
|  |
| K. Applicant’s Fiscal Year:Click here to enter text. |
| Grant Funds Requested: | $Click here to enter text. |
| Local Funds/Cash Match | $Click here to enter text. |
| In-Kind | $Click here to enter text. |
| Total Cost | $Click here to enter text. |