



Kansas Prevention Collaborative Community Initiative (KPCCI) Substance Use Prevention Planning Grant Coversheet ATTACHMENT A

I. Applicant Agency (As listed on W2)

| | |
|------------------|---------------------------|
| Name | |
| Address | |
| City, State, Zip | |
| Telephone/Email | Phone: _____ Email: _____ |

II. Type of Agency

| | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private Non-Profit | <input type="checkbox"/> Private Profit |
|---------------------------------|---|---|

III. Official Authorized to Sign Documentation

| | |
|------------------|---------------------------|
| Name | |
| Address | |
| City, State, Zip | |
| Telephone/Email | Phone: _____ Email: _____ |

IV. Project Director

| | |
|------------------|---------------------------|
| Name | |
| Address | |
| City, State, Zip | |
| Telephone/Email | Phone: _____ Email: _____ |

V. Fiscal Agent

| | |
|------------------|---------------------------|
| Name | |
| Address | |
| City, State, Zip | |
| Telephone/Email | Phone: _____ Email: _____ |