|  |
| --- |
| **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. Fiscal Agent |
| 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: |
| Grant Funds Requested: | $ |
| Local Funds/Cash Match | $ |
| In-Kind | $ |
| Total Cost | $ |