|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | $ | |