

<p>Kansas Prevention Collaborative Community Initiative Grant</p> <p>Applicant Information</p> <p>Attachment A</p>	<p>Type of agency</p> <p><input type="checkbox"/> Public <input type="checkbox"/> Private Non-profit</p> <p><input type="checkbox"/> Private Profit</p>	<p>Federal Identification Number:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>DUNS Number:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>1. Applicant Agency</p>	<p>1b. Mailing Address (City, State, Zip)</p>	
<p>1a. Name</p>	<p>Phone Number:</p> <p>Email address:</p>	
<p>1c. Name of official signing for Applicant Agency</p>	<p><input type="checkbox"/> I am aware of the requirements detailed in this grant application.</p>	
<p>Title _____ Date _____</p>	<p>Signature _____</p>	
<p>2. Coalition Name (if different than applicant agency)</p>	<p>2b. Mailing Address (City, State, Zip)</p>	
<p>2a. Coalition Name</p>	<p>Phone Number:</p> <p>Email address:</p>	
<p>3. Project Director (Individual overseeing this grant)</p>	<p>3b. Mailing Address (City, State, Zip)</p>	
<p>3a. Name</p>	<p>Phone Number:</p> <p>Email address:</p>	
<p>4. Fiscal Agent</p>	<p>4b. Mailing Address (City, State, Zip)</p>	
<p>4a. Name</p>	<p>Phone Number:</p> <p>Email address:</p>	
<p>Geographical Area to be served</p>	<p>Target Population</p>	
<p> </p>	<p> </p>	
<p>Amount of Funds Requested</p>	<p>Local Funds/Match (if any)</p>	
<p>\$15,050.00</p>	<p> </p>	
<p>Individual(s) to be notified if award is made</p>	<p>FOR KDADS OFFICIALS ONLY</p>	
<p>Name(s)</p> <p>Phone</p> <p>Email</p>	<p>Date:</p> <p>Reviewer:</p>	