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| 1. **APPLICANT ORGANIZATION**
 |  |
| 1. **MAILING ADDRESS**
 |   |
| 1. **CITY/STATE**
 |  | **4.ZIP CODE**  |  |
| **5. TYPE OF APPLICANT** |  |
| **6. AUTHORIZED OFFICIAL (NAME/TITLE)** |  |
|  **7. FEDERAL IDENTIFICATION # (EIN)**  |  | **8. UEI NUMBER** |  |
| **9. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? Yes/No** |  |
| **9a. IF YES, EXPLAIN:** |  |
| **10. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes/No** |  |
| **11. AMOUNT OF FUNDS REQUESTED** |  |
| **12. TITLE OF PROJECT/** |  | **13. SAM.gov REGISTRATION CURRENT? Yes/No** |  |
| **12a. PROPOSED USE OF FUNDS** |  | **13a. List Expiration Date** |  |
| **14. OFFICIAL CONTACT ON MATTERS OF THE APPLICATION**  | **NAME/TITLE:**  |
| **EMAIL ADDRESS:**  | **PHONE:**  |