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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:** | |