**Form A: Face Page**

This form requests basic information about the Applicant and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

***Applicant Organization Information***

|  |  |
| --- | --- |
| Legal Name | Click or tap here to enter text. |
| Legal Doing Business As (DBA) Name | Click or tap here to enter text. |
| Mailing Address  *Include street address, city, county and ZIP* | Click or tap here to enter text. |
| Physical Address  *If different from Mailing Address*  *Include street address, city, county and ZIP* | Click or tap here to enter text. |
| Payee Name and Address  *If different from Mailing & Physical Address*  *Include street address, city, county and ZIP* | Click or tap here to enter text. |
| Website  *For public use to access information about services.* | Click or tap here to enter text. |
| Phone Number  *Include number clients contact to access services, if applicable* | Click or tap here to enter text. |
| Federal Tax ID Number | Click or tap here to enter text. |
| Unique Entity Identifier (UEI) | Click or tap here to enter text. |
| ***Grant Information*** | |
| Name of Executive Director | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Name of Grant Contact  *This person will oversee the day-to-day duties of grant* | Click or tap here to enter text. |
| Title of Grant Contact | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Name of Fiscal Contact  *This person will oversee grant expenditures and finances* | Click or tap here to enter text. |
| Title of Fiscal Contact | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Has your organization provided statewide family violence administrative support services for a minimum of three (3) years? | Yes  No |
| In what year did your organization begin providing statewide family violence administrative support services? | Click or tap here to enter text. |
| Is your organization a statewide, nongovernmental, nonprofit 501(c)(3) organization whose membership includes a majority of the primary-purpose domestic violence service providers in the State and whose board membership is representative of these primary-purpose domestic violence service providers? | Yes  No |
| Requested annual award amount. | Click or tap here to enter text. |

***Board Information***

|  |  |
| --- | --- |
| Name of Board President | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

***Signature***

|  |  |
| --- | --- |
| I certify that the information provided in this form is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application. | |
| Signature of Authorized Representative:Click or tap here to enter text. | |
| Printed Name of Authorized Representative: | Date:Click or tap here to enter text. |