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| --- |
| Instructions: Complete all areas shaded in green. If unknown, leave cell blank. |

|  |  |
| --- | --- |
| **Lead Applicant Organization** | |
| **Legal Name** |  |
| **Legal Doing Business As (DBA)** |  |
| **Proposed Project Name** |  |
| **Applicant Website** |  |
| **Texas Comptroller Vendor ID (14 digit)** |  |
| **Federal Tax ID Number (9 digit)** |  |
| **SAM.gov UEI or DUNS Number** |  |
| **Type of Entity** | Local Mental Health Authority  Local Behavioral Health Authority  Local Government  Nonprofit  State Agency or Public University  Other  If other, please describe: |
| **Physical Address of Main Office** | |
| **Street Address** |  |
| **City** |  |
| **County** |  |
| **Zip Code** |  |
| **Mailing Address (if different from above)** | |
| **Street Address / P.O. Box** |  |
| **City** |  |
| **Zip Code** |  |
| **Primary Applicant Contact** | |
| **Name and Title** |  |
| **Phone** |  |
| **Email** |  |
| **Project Contact (if different from above)** | |
| **Name and Title** |  |
| **Phone** |  |
| **Email** |  |
| **Fiscal Contact** | |
| **Name and Title** |  |
| **Phone** |  |
| **Email** |  |