

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 here to enter text.
Legal Doing Business As (DBA) Name:	Click here to enter text.
Mailing Address Include street address, city, county and ZIP	Click here to enter text.
Physical Address <i>If different from Mailing Address</i> Include street address, city, county and ZIP	Click here to enter text.
Payee Name and Address <i>If different from Mailing & Physical Address</i> Include street address, city, county and ZIP	Click here to enter text.
Website For public use to access information about services	Click here to enter text.
Phone Number Include number clients contact to access services	Click here to enter text.
Federal Tax ID Number	Click here to enter text.
DUNS Number	Click here to enter text.
Type of Entity	☐ Nonprofit Organization

Grant Information

Name of Executive Director	Click here to enter text.
Phone	Click here to enter text.
Email	Click here to enter text.
Name of Grant Contact This person will oversee the day-to-day duties of grant	Click here to enter text.
Title of Grant Contact	Click here to enter text.
Phone	Click here to enter text.
Email	Click here to enter text.
Name of Fiscal Contact This person will oversee grant expenditures and finances	Click here to enter text.
Title of Fiscal Contact	Click here to enter text.
Phone	Click here to enter text.
Email	Click here to enter text.
Requested annual award amount. The award methodology and ranges for this RFA can be found in attachments referenced in Section 2.4.1, Funding Matrix.	Click here to enter text.

Board Information

Name of Board President	Click here to enter text.
Phone	Click here to enter text.
Email	Click 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:	
Printed Name of Authorized Representative:	Date: