

OFFICE OF POLICY AND MANAGEMENT

Criminal Justice Policy and Planning Division

450 Capitol Avenue-MS#52CPD

Hartford, CT 06106-1308

GRANT APPLICATION COVERSHEET

Applicant Information
Applicant Name:
Applicant Address:
Project Title:
Federal Funding:
Proposed Period of Award:

Contact Information	
Project Director Contact Information	Financial Officer Contact Information <i>Responsible for Management and reporting of grant Expenditures</i>
Name:	Name:
Title:	Title:
Phone:	Phone:
E-mail:	E-mail:

Designated Notice of Grant Award (NOGA) Signatory Name & Title:

Project Summary	
Summary Project Description:	
Federal Amount Requested:	
Federal Employer Identification Number:	
Unique Entity ID (UEI) Number:	
Applicant Fiscal Year End:	Date of Last Audit:
Dates Covered by Last Audit:	Date of Next Audit:
Dates to be Covered by Next Audit:	
I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.	
SIGNATURE:	DATE: