**GRANT APPLICATION COVERSHEET**

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| **Applicant Information** |
| Applicant Name: |
| Applicant Address: |
| Project Title: |
| Proposed Period of Award: |
| I, THE UNDERSIGNED, FOR AND ON BEHALF OF THE NAMED MUNICIPALITY OR STATE AGENCY, DO HEREWITH APPLY  FOR THIS SUBGRANT, ATTEST THAT, TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS MADE HEREIN ARE TRUE,  AND AGREE TO THE GENERAL AND SPECIAL GRANT CONDITIONS ATTACHED TO THIS GRANT APPLICATION FORM.  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Director Contact Information** | |
| **Project Director Contact Information** | **Financial Officer Contact Information**  Responsible for Management and reporting of grant Expenditures |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |
| Phone: | Phone: |
| E-mail: | E-mail: |
| Fax: | Fax: |

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| --- | --- |
| **Project Summary** | |
| **Summary Project Description:** | |
| **Summary Budget**   |  |  | | --- | --- | | Total Award Amount: |  | | |
| Federal Employer Identification Number:  DUNS 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: | |