

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 Awarded Amount:	
State Awarded Amount:	
Project Awarded Amount:	
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, THE UNDERSIGNED, FOR AND ON BEHALF OF THE NAMED APPLICANT, DO HEREWITH APPLY FOR THIS SUBGRANT, ATTEST THAT, TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS MADE HEREIN ARE TRUE, AND AGREE TO THE APPLICABLE FEDERAL, INTERAGENCY/GENERAL, AND SPECIAL GRANT CONDITIONS ATTACHED TO THIS GRANT APPLICATION FORM.

SIGNATURE:

DATE: