



2019-2020 APPLICATION FOR FUNDING
Due: February 1, 2019 at noon

1. APPLICANT INFORMATION

A. Applicant Organization

Legal Name: _____

Mailing Address: _____

Street Address (if different): _____

Phone: _____ Fax: _____ Email: _____

Name/Title of Contract Administrator: _____

Name/Title of Person Authorized to Sign Grant Agreement: _____

Federal Employer Identification Number: _____

B. Proposal Information

Activity Title: _____

Has the agency ever reverted any grant funds to the grantor in the last 3 years? ___ Yes ___ No

If so, for how much and why? _____

C. Financials

Smart Start Funds Requested: \$ _____

Total Annual Project Budget: \$ _____ Smart Start Request as % of Total Annual Budget _____ %

Provide the following information on anticipated or current sources of funding for the proposed activity:

<u>All</u> Sources of Funding for Proposed Activity	Dollar Amount Pledged or Received	Percent of Total Annual Project Budget
TOTALS	\$\$	100%

 Authorized Signature & Title

 Date