(REQUIRED BY STATE AGENCIES ONLY)

STATE CLEARINGHOUSE **APPLICATION SUPPLEMENT**

(Form CH 2)

1.	If this is a "NOTIFICATION OF INTENT" to apply or a Pre-Application, Please Check this box and indicate GRANT I. D. assigned. GRANT I. D (8)
2.	If this is an actual GRANT APPLICATION, please check this box 🗌 , and indicate GRANT I. D. assigned. GRANT I. D (8)
	*NOTE: If a NOTIFICATION OF INTENT or PREAPPLICATION has been previously submitted, use that I. D. to complete ITEM 2 and indicate SAI# that was assigned to the NOI or PREAPP. SAI # (8)
3.	If this is an application for SUPPLEMENTAL FUNDS or is a REVISION, please indicate original GRANT I. D. AND SAI # to which it applies. GRANT I. D (8) SAI # (8)
4.	GRANT YEAR
5.	GRANT START DATE GRANT END DATE (mo./day/yr.)
6.	APPLICANT (AGENCY) CODE (7) (see Applicant Code List)
7.	GRANTOR CODE (5) (see Grantor Code List)
8.	ORGANIZATION UNIT
9.	FUNDING PERCENTAGE REQUIREMENTS: FEDERAL% STATE% OTHER%
10. 11.	TYPE OF ASSISTANCE (A THROUGH P) (see instructions on previous page
11.	METHOD OF FUNDING
12.	<u>3</u> . Advance by Letter of Credit <u>4</u> . Reimbursement by Letter of Credit Federal Funds for this GRANT will be received directly from (CHECK ONE)
12.	A Federal Agency Another State Agency Other Source
	**If source is Other please specify
13. 14.	Do you have an INDIRECT COST RATE? YES NO If Yes, is the rate being applied to this project? YES NO
17.	
15.	A. DIRECT COST BASE B. INDIRECT COST RATE C. INDIRECT COSTS CLAIMED*
	\$% \$
	D. EXPLANATION*

AGENCY _____

DATE _____