## (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.			
2.	GRANT I. D ( 8) 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, us			
	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. 12.	TYPE OF ASSISTANCE (A THROUGH P) (see instructions on previous page METHOD OF FUNDING			
13.	**If source is Other please sp Do you have an INDIRECT O	COST RATE? YES	NO	
14.	If Yes, is the rate being appli	ed to this project? YES	NO	
15.	A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*	
	\$	%	\$	
	D. EXPLANATION*			
	GRANT COORDINATORFull Name			
	AGENCY			
	DATE			