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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **APPLICANT NAME** | |  | | | | | | | | | | | | | |
| 1. **MAILING ADDRESS** | |  | | | | | | | | | | | | | |
| 1. **CITY/COUNTY** | |  | | | | | | | | | **4. ZIP CODE** | |  | | |
| 5. **PROJECT PHYSICAL ADDRESS (LOCATION)** | | | | | |  | | | | | | | | | |
| **6. AUTHORIZED OFFICIAL (NAME/TITLE)** | | | | | |  | | | | | | | | | |
| **6a. TELEPHONE NUMBER/EMAIL ADDRESS** | | | | | |  | | | | | | | | | |
| **7. FEDERAL IDENTIFICATION # (EIN)** | | | |  | | | **8. UEI NUMBER** | | | | |  | | | |
| **9. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? Yes/No** | | | | | | |  | | | | | | | | |
| **9a. IF YES, EXPLAIN** |  | | | | | | | | | | | | | | |
| **10. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes/No** | | | | | | | | |  | | | | | | |
| **11. AMOUNT OF FUNDS REQUESTED** | | | | |  | | | | | | | | | | |
| **12. TITLE OF PROJECT** |  | | | | | | | **13. SAM.gov REGISTRATION CURRENT? Yes/No** | | | | | | |  |
| **12a. PROPOSED USE OF FUNDS** | | |  | | | | | | **13a. List Expiration Date** | | | | |  | |
| **14. OFFICIAL CONTACT ON MATTERS OF THE APPLICATION** | **NAME/TITLE:** | | | | | | | | | | | | | | |
| **EMAIL ADDRESS:** | | | | | | | | | **TELEPHONE:** | | | | | |

**INSTRUCTIONS: COVER PAGE**

1. **Applicant Agency**

Enter the official name of applicant that will administer/ implement the project.

1. **Enter Mailing Address**
2. **Enter City/County**
3. **Enter Zip Code**
4. **Enter Physical Address**

Enter the physical address (location) of where the project will be implemented

1. **Authorized Official**

Enter the name and title of the applicant agency’s highest ranking official (Mayor, County Judge, or Director).

1. **Enter Federal Identification Number**Applicant organizations must be registered with the Internal Revenue Service (IRS) and possess a Federal Identification Number.
2. **Enter Unique Entity ID (UEI) Number**

Obtain number by calling 1-866-606-8220 or apply online at: <https://sam.gov/content/home>

1. **Enter Yes or No Supplanting** Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose.
2. **Enter Yes or No Federal Debt**

Applicants who are delinquent on federal debt are not eligible to apply for federal funds.

1. **Enter Amount of Federal Funds Requested**
2. **Enter Title of Project/ 12a Enter Proposed Use of Funds**

Select the program specific purpose area.

1. **Enter Yes or No SAM Registration/ 13a Enter Expiration Date**  
   Information about SAM registration procedures can be accessed by phone at (1-866-606-8220) or register online at <https://sam.gov> .
2. **Enter Contact Information**