|  |  |
| --- | --- |
| 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. DUNS 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 DUNS Number**

Obtain number by calling 1-866-705-5711 or apply online at: <http://fedgov.dnb.com/webform/displayHomePage.do>.

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**