(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. TYPE OF ASSISTANCE (A THROUGH P) _____ (see instructions on previous page
11. METHOD OF FUNDING _____
    1. Advance by Treasury Check
    2. Reimbursement by Treasury Check
    3. Advance by Letter of Credit
    4. Reimbursement by Letter of Credit
12. Federal Funds for this GRANT will be received directly from (CHECK ONE)
    ☐ A Federal Agency ☐ Another State Agency ☐ Other Source
    **If source is Other please specify _____
13. Do you have an INDIRECT COST RATE? ☐ YES ☐ NO
14. If Yes, is the rate being applied to this project? ☐ YES ☐ NO
15.

A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*
$ _____	_____%	$ _____
D. EXPLANATION* _____		

GRANT COORDINATOR _____
Full Name

AGENCY _____

DATE _____

Revised
3/5/07