

# Applicant Information Form

## 1. TYPE OF SUBMISSION

<input type="radio"/> Application
<input type="radio"/> Year 2 Submission
<input type="radio"/> Year 3 Submission
<input type="radio"/> Application Amendment

## 2. FISCAL YEAR Start and End Dates

Start:	End:
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## 3. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA)/ASSISTANCE LISTING NUMBER (ALN):

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## 4. APPLICANT INFORMATION

a. Legal Name:
b. Employer/Taxpayer Identification Number (EIN/TIN):
c. Organizational DUNS:
d. Address: <ul style="list-style-type: none"><li>i. Street 1: _____</li><li>ii. Street 2: _____</li><li>iii. City: _____</li><li>iv. County/Parish: _____</li><li>v. State: _____</li><li>vi. Province: _____</li><li>vii. Country: _____</li><li>viii. Zip/Postal Code: _____</li></ul>
e. Organizational Unit: <ul style="list-style-type: none"><li>i. Department Name: _____</li><li>ii. Division Name: _____</li></ul>

f. Name and Contact Information of Person to be Contacted on Matters Involving this Application:

- i. Prefix: \_\_\_\_\_
- ii. First Name: \_\_\_\_\_
- iii. Last Name: \_\_\_\_\_
- iv. Title: \_\_\_\_\_
- v. Organizational Affiliation: \_\_\_\_\_
- vi. Telephone Number: \_\_\_\_\_
- vii. Fax Number: \_\_\_\_\_
- viii. Email: \_\_\_\_\_

By signing this application, I certify (1) to the statements contained in the list of certifications;\*\* (2) that the grantee will meet the requirements of ESEA Section 8501 regarding the participation of private school children and teachers; and 3) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

\*\*The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

- I agree

Authorized Representative:

- i. Prefix: \_\_\_\_\_
- ii. First Name: \_\_\_\_\_
- iii. Last Name: \_\_\_\_\_
- iv. Title: \_\_\_\_\_
- v. Telephone Number: \_\_\_\_\_
- vi. Email: \_\_\_\_\_
- vii. Signature of Authorized Representative: \_\_\_\_\_
- viii. Date Signed: \_\_\_\_\_