# Applicant Agency

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name | Click or tap here to enter text. | Street Address  Including City, State,  and ZIP Code | Click or tap here to enter text. |
|  |
| Contact Person | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Authorized Representative | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Federal Employer Tax Id # | Click or tap here to enter text. | Unique Entity Identifier # | Click or tap here to enter text. |
| Dates of Active Registration in System for Award Management | |  | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Total Amount of Funding Request | Click or tap here to enter text. |  |
|  |  |  |
| Evidenced-Based Services (Y/N) | Click or tap here to enter text. |  |
|  |  |  |
| Name and Source of Evidenced-Based Services | Click or tap here to enter text. |  |
|  |  |  |
| Geographic Area to be Served | Click or tap here to enter text. |  |
|  |  |  |
| Estimated Number of Youth to be Served | Click or tap here to enter text. |  |
|  |  |  |
| Estimated Number of Minority Youth to be Served | Click or tap here to enter text. |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  |  | Name | Click or tap here to enter text. |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Signature | Click or tap here to enter text. | | | | | |  |
|  |  |  |  |  |  |