|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Name of Applicant Organization** | Click or tap here to enter text. | | |
| **Number of Years in Business** | Click or tap here to enter text. | | |
| **FEIN** | Click or tap here to enter text. | | |
| **DUNS Number** | Click or tap here to enter text. | | |
| **Organization Type**  **(check all that apply)** | Private for Profit  Private Not-for-Profit  Unit of Government  Educational Institution | | Minority Business Enterprise (MBE)  Women’s Business Enterprise (WBE)  Disadvantaged Business Enterprise (DBE) |
| **Address – Administrative Office** | **Street Address** | Click or tap here to enter text. | |
| **City, State, ZIP** | Click or tap here to enter text. | |
| **Website URL** | Click or tap here to enter text. | |
| **Principal of Organization –**  **CEO / Executive Director / President** | **Name** | Click or tap here to enter text. | |
| **Title** | Click or tap here to enter text. | |
| **Email** | Click or tap here to enter text. | |
| **Phone** | Click or tap here to enter text. | |
| **Programmatic Contact** | **Name** | Click or tap here to enter text. | |
| **Title** | Click or tap here to enter text. | |
| **Email** | Click or tap here to enter text. | |
| **Phone** | Click or tap here to enter text. | |
| **Funding Amount Requested** | Click or tap here to enter text. | | |
| **Consortium Co-Applicants / Partners if applicable** | Click or tap here to enter text. | | |
| **Subcontractors if applicable** | Click or tap here to enter text. | | |

**Organizational Information**

Click on checkbox to select or unselect (Microsoft Word format).