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| --- | --- |
| **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).