

WV DEPARTMENT OF HUMAN SERVICES
 BUREAU FOR SOCIAL SERVICES
 OFFICE OF OPERATIONS
 DIVISION OF GRANTS AND CONTRACTS

350 CAPITOL STREET, ROOM 730
 CHARLESTON, WEST VIRGINIA 25301

STATE GRANT APPLICATION COVER SHEET **Private Agency** State Fiscal Year 2025

Date Submitted:

A. GENERAL INFORMATION:

Agency Legal Name:	
Grant Program Name:	FEIN:
Mailing Address (where to mail official documents):	Telephone:
	Fax Number:
	Contact Person:
Physical Address:	E-Mail Address:
	Operating Hours:

COUNTIES SERVED:

B. REQUIRED ATTACHMENTS: *Please check to show attached.*

- STAFF CAPABILITY:** *Job descriptions for all positions paid from this grant must be attached.*
- BOARD OF DIRECTORS:** *Attach current Governing Board Roster, including names, addresses, email, and phone numbers, if a nonprofit organization.*
- AUTHORIZED SIGNATURE(S):** *An Authorized Signature Form must be completed and submitted, indicating which staff person(s) and board member(s) are authorized to sign official documents, such as grants, invoices, checks, etc. Original must be submitted, and signed with **BLUE INK**.*
- LINE-ITEM BUDGET:** *the detailed line-item budget of projected expenditures on the Department's standardized Budget Form must be signed and dated (faxed or scanned signatures are acceptable)*
- BUDGET NARRATIVE:** *Written description summarizing costs charged to the grant.*
- LETTERS OF UNDERSTANDING:** *If applicable – contact your contract specialist if you are unsure if this applies to your grant.*

Signed Letters of Understanding with the following DHHR District offices will be submitted (list below):

AGENCY NAME AS IT APPEARS WITH THE SECRETARY OF STATE: _____

X

Grantee Signature	Date
X	

FOR BSS USE ONLY	

Print Name	Title

Grants Signature	Date Approved