

**GRANT APPLICATION COVER PAGE**  
**SUBMITTED BY:**

<b>Legal Agency Name:</b> _____ _____  <b>Grant Amount Requested:</b> _____	<b>Check Model Type:</b> ___ Q RTP  <b>Indicate Service Delivery Area:</b> ___ County Services (List below)  _____
<b>Grant Contact Person:</b> _____  <b>Telephone Number:</b> _____  <b>Agency Contact Person:</b> _____  <b>Agency Financial Officer:</b> _____	<b>Are you a registered vendor with the State of West Virginia?</b> ___ YES ___ NO  <b>Type of Agency:</b>  ___ Private Non-Profit     ___ For Profit ___ Public/Local            ___ Other  <b>FEIN:</b> _____
<b>Agency Address:</b> _____ _____	
<b>Mailing Address, if Different:</b> _____ _____	
<b>Agency Phone Number:</b> _____ <b>FAX Number:</b> _____	
<b>Email Address:</b> _____	

**Authorized Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_