

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

<b>Legal Agency Name:</b> _____ _____  <b>Grant Amount Requested:</b> _____	<b>Check Model Type:</b> <input type="checkbox"/> Homeless Services  <b>Indicate Service Delivery Area:</b> <input type="checkbox"/> 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> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>Type of Agency:</b> <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> 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:** \_\_\_\_\_