

GRANT APPLICATION COVER PAGE
SUBMITTED BY:

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

Authorized Signature: _____

Name: _____

Title: _____