

**GRANT APPLICATION COVER PAGE
SUBMITTED BY:**

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

Authorized Signature:

Name: _____

Title: _____