

**GRANT APPLICATION COVER PAGE
SUBMITTED BY:**

Legal Agency Name:	Check Model Type: ___ Transition to Adulthood				
Grant Amount Requested:	Indicate Service Delivery Area: ___ County Services (List below)				
Grant Contact Person:	Are you a registered vendor with the State of West Virginia? YES				
	NO				
Telephone Number:	Type of Agency: <table border="0"> <tr> <td>Private Non-Profit</td> <td>For Profit</td> </tr> <tr> <td>Public/Local</td> <td>Other</td> </tr> </table>	Private Non-Profit	For Profit	Public/Local	Other
Private Non-Profit		For Profit			
Public/Local		Other			
Agency Contact Person:					
Agency Financial Officer:					
	FEIN:				
Agency Address:					
Mailing Address, if Different:					
Agency Phone Number:	FAX Number:				
Email Address:					

Authorized Signature:

Name: _____

Title: _____