|  |  |
| --- | --- |
| **Legal Name** |       |
| **Federal Employer Identification Number** |       |
| **Registered Address** |       |
| **City and State** |       | **Zip Code** |       |
|  |
| **Contact Person for this** **Grant** |       | **Phone Number*****Format 111-111-1111*** |       |
| **E-Mail Address [Required]** |       |  |  |
|  |
| **Project Location *[County(ies)]*** |       |
| **Budget Allocation** |
| Grant Amount Requested  |       |
| ***Total Project Amount*** | **$ 0.00** |

I, the authorized Grant Recipient Representative, hereby certify that the information herein is true and accurate and is submitted in accordance with the 2023-24 Program Manual and Instructions for the Planning Grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Grant Recipient Representative Date***

***Name:***

***Title:***