|  |  |  |  |
| --- | --- | --- | --- |
| **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 – State Allocation [90%] | | |  |
| Grant Amount – Local Match [10%] | | |  |
| Voluntary Dollar Amount | | |  |
| Local Match for Voluntary Dollars [In Kind] | | |  |
| ***Total Project Amount*** | | | **$ 0.00** |

|  |  |
| --- | --- |
| **Capital Equipment Request** | |
| **Description of Capital Equipment** | **$ Amount** |
|  |  |
|  |  |
|  |  |
| ***Total Project Amount*** | **$ 0.00** |

*Local Coordinating Board Review IS Required if Requesting Capital Equipment*

*The purchase of capital equipment is included and has been reviewed by the*       *Local Coordinating Board.*

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

***Signature of Local Coordinating Board Chairperson Date***

I, the authorized Grantee Representative, hereby certify that the information herein is true and accurate and is submitted in accordance with the 2024-25 Program Manual and Instructions for the Trip & Equipment Grant.

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

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