

Applicant Information Form
Public Assistance CFDA #97.036

Applicant's Name (City, County, Government Agency, Tribe, Township, Village, NRD, PNP, PPD, FRF, SID, etc.)

Authorized Representative Name	Treasurer Name
Official Position	Official Title
Mailing Address (where to send correspondence)	Mailing Address (where <u>State Check</u> may be sent to)
City, County, State, Zip Code	City, County, State, Zip Code
Daytime Telephone	Daytime Telephone
Facsimile Number	Facsimile Number
Cell Phone Number	Cell Phone Number
E-mail Address	E-mail Address

Applicant's Fiscal Year Start	Month:	Day:
Applicant's Federal Employer's Identification Number	DUNS Number (required)	
Authorized Representatives Signature		