



**GREAT FAMILIES 2020 GRANT PROGRAM  
APPLICATION FACE SHEET \***

Applicant Information

Legal name: \_\_\_\_\_

DUNS number: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Is the applicant delinquent on any Federal debt? Yes      No      If yes, attach an explanation.

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Contact Information

Project director or contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Descriptive Title of Applicant's Program

\_\_\_\_\_

Neighborhoods Affected by Proposed Program

- |                   |               |
|-------------------|---------------|
| Near Westside     | Near Eastside |
| Northwest/Midtown | Far Eastside  |

Estimated Funding for Year One

|   |    |
|---|----|
| SIF grant and match funds from United Way | \$ |
| Applicant's matching funds                | \$ |
| Program Income                            | \$ |
| Total Revenue                             | \$ |

Signature of Authorized Representative

\_\_\_\_\_

Date Signed \_\_\_\_\_

\* Click in the text boxes, then type information.