**STATE OF NEVADA**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**GRANTS MANAGEMENT UNIT**

**CSBG APPLICATION for SFY 2017**

**July 1, 2016 – June 30, 2017**

**Section 1 - Applicant Information Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Agency Name:** | |  | | | | | | |
| **Address:** | | |  | | | | | | |
| **Contact**  **Person/Title:** | | |  | | | | | | |
| **Phone:** | |  | | **FAX:** |  | | **Email:** |  | |
| **Federal Tax I.D. #:** | | | | | | | | | |
| **State Vendor #:** | | | | | | | | | |
| **2.** | | **Type of Agency (check one):**  **\_\_\_\_\_ Private, non-profit**  **\_\_\_\_\_ Public agency** | | | | | | | | |
| **3.** | | **CSBG Award Amount for SFY 2017:** | | | | | | | | |
| **4.** | | Name of applicant’s authorized representative (print):  Signature: | | | | | **Title:** | | | **Date:** |