**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:** |