

# APPENDIX I: Blind Services 2025 Grant

Utah Department of Workforce Services Division of Services for the Blind and Visually Impaired  
**Grant Application Cover Sheet**

**Organization:** \_\_\_\_\_ **Federal Tax ID #:** \_\_\_\_\_  
**Vendor # (if known)** \_\_\_\_\_ **UEI #** \_\_\_\_\_

Please select the type of project (you may select only one): Program  Services  Equipment

Total grant funds requested in this application: \_\_\_\_\_

List project name and grant funds requested by year:

Project \_\_\_\_\_ Year 1 \_\_\_\_\_, Year 2 \_\_\_\_\_, Year 3 \_\_\_\_\_, Year 4 \_\_\_\_\_, Year 5 \_\_\_\_\_

## EXECUTIVE DIRECTOR OR EQUIVALENT (PERSON AUTHORIZED TO SIGN GRANT APPLICATION AND/OR AN AWARDED CONTRACT)

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

## GRANT ADMINISTRATOR (if different from above)

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## FINANCIAL ADMINISTRATOR

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_