Utah Office of Child Care - Department of Workforce Services

TEEN AFTERSCHOOL PREVENTION GRANT

I. GRANT APPLICATION COVER SHEET

CONTRACTING ORGANIZATION

Contracting Organization_____

Federal Tax ID #: _____ DUNS #: _____

This entity is a: ☐Government Agency ☐Non-Profit Organization (attach 501(c)(3) letter ☐Other _____

Organization's Signature Authority:

Name:_____Title:_____

Address:_____

Phone:_____Email:_____

Electronic/Original Signature: _____ Date:_____

GRANT CONTRACT ADMINISTRATOR (if different from Organization's Signature Authority)

Name: _____Position:_____

Address:_____

Phone: _____Email:_____

GRANT FINANCE CONTACT

Name: _____Position:_____

Address:_____

Phone: _____Email:_____

PROGRAM SITE COORDINATOR

Name: _____Position:_____

Address:_____

Phone: _____Email:_____