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| **ORGANIZATION INFORMATION** |
| Organization: |
| President/CEO: |
| Name of Signature Authority: |
| Email Address: |
| Organization Address: |
| City: | Zip Code (9 digits) [ZIP Code™ Lookup | USPS](https://tools.usps.com/go/ZipLookupAction_input?_gl=1*q4wy0r*_ga*OTE0OTg0NDE5LjE2NTgzMzk1ODM.*_ga_3NXP3C8S9V*MTY1ODMzOTU4My4xLjEuMTY1ODMzOTY1Ny4w): |
| Phone: | Website: |
| County: | Unique Entity ID (SAM) [GSAFSD Service Portal Landing - GSA Federal Service Desk Service Portal](https://www.fsd.gov/gsafsd_sp) |
| Federal Tax ID No. | Supplier ID No. [Supplier Login (ohio.gov)](https://supplier.ohio.gov/wps/portal/sp/suppliers/login/%21ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8ziDRw9PT0sLQz8_L0DjQ0C3T2M_Jx9TY3NfE30vfSj8CgwMwWZYFTk6-ybrh9VkFiSoZuZl5avH5GRn5uqm5iXn6cfrh9FyAioAhzA0UC_IDsqySzIUREA1H6uOg%21%21/dz/d5/L2dBISEvZ0FBIS9nQSEh/) |
| **PROJECT INFORMATION** |
| Contact Person for the Project |
| Phone: | E-mail: |
| Check the number (s) of the TANF purpose for your program.1. [ ]  To provide assistance to needy families so that children may be cared for in their own homes

 or in the homes of relatives.1. [ ]  To end the dependence of needy parents on government benefits by promoting job

 preparation, work and marriage.1. [ ]  To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual

 numerical goals for preventing and reducing the incidence of these pregnancies.1. [ ]  To encourage the formation and maintenance of two parent families.
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| Brief Project Description (Project Purpose): |
| Description of Grant Activities (Actual Work to Be Performed to Achieve the Purpose): |
| Deliverables (Projected Outcomes of Activities/Services Delivered Including Quantifiable Metrics): |
| Indicate the type of information/data that will be collected to demonstrate success of the project: |
| Target Audience must meet TANF eligibility requirements. Include a brief description of the target audience that will be served by the provider: |
| If your agency plans to charge for indirect costs greater than 10% you must have a federally approved indirect cost rate/plan (If yes, check here and attach the rate/plan) | Yes [ ]  No [ ]  |
| Signature of Applicant: | Date: |