|  |  |
| --- | --- |
| 1. APPLICANT
 |  |
| 1. PHYSICAL ADDRESS
 |  |
| 1. MAILING ADDRESS
 |  |
| 1. CITY/COUNTY
 |  | 4a. ZIP CODE |  |
|  |  |  |  |
| 1. FEDERAL IDENTIFICATION #

(EMPLOYER IDENTIFICATION NUMBER) |  | 1. UEI#
 |  |
| 1. STATE VENDOR NUMBER
 |  |
| 1. SAM.gov REGISTRATION CURRENT? YES/NO)
 |  | 7a. SAMs EXPIRATION DATE |  |
| 1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? (YES/NO)
 |  |
| 1. AUTHORIZED OFFICIAL (NAME/TITLE)/PHONE/EMAIL

*(Authorized Officials: Mayor, County Judge, Prosecuting Authority-Highest Elected Official, or Executive Director of Submitting Agency)* |  |
|  |
|  |
|  |  |
| 1. PROPOSED USE OF FUNDS
 |  |
| 1. AMOUNT OF FUNDS REQUESTED
 |  |
| 1. PROPOSED PROJECT TARGETED AREA OR AREAS OF FOCUS
 |  |
| 1. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? (YES/NO)
 |  |
| 14a. IF YES, EXPLAIN: |  |
| 1. W-9 FORM SUBMITTED? (YES/NO)
 |  | 15a. VOIDED CHECK SUBMITTED? (YES/NO) |  |
|  |  |
| 1. CONTACT PERSON

 (NAME/TITLE) |  |
| 1. EMAIL ADDRESS
 |  |
| 1. OFFICE PHONE
 |  | 18a. ALTERNATE PHONE |  |
| 1. ALTERNATE CONTACT PERSON

 (NAME/TITLE) |  |
| 1. EMAIL ADDRESS
 |  |
| 1. OFFICE PHONE
 |  | 21a. ALTERNATE PHONE |  |

|  |
| --- |
| **COAP CATEGORY 4 SPECIAL PROJECT** |

| **TYPE OF PROJECT** |  | **LIST THE PROPOSED FOCUS/TARGETED AREAS** |  |
| --- | --- | --- | --- |
|[ ]  State Agency |  | (Counties and/or Cities Affected) |  |
|[ ]  Local Jurisdictions |  |  |  |
|[ ]  County |  |  |  |
|[ ]  Municipality |  |  |  |
|[ ]  Other (explain) |  |  |  |
|  |  |  |  |  |