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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)* | | | | | | | |  | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | | | | | | | |
| 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 | | | | | |  | | | | |

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| **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) |  |  |
|  |  |  |  |