

**Applicant Information Form****RSAT Program**

Project Duration Period (when to when):			Grant No.:
Official Name of Applicant Agency:			
Address:			
City/State:		Zip Code + 4:	County:
Implementing Agency (if different than applicant):			
Agency Website:		Fiscal Year Start Date:	Federal ID Number:
Charitable Registration Number (if non profit & not exempt):			
Have there been any findings filed against the agency in regard to its charitable status? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain on a separate sheet.			
<b>Name and Title of Authorized Official (Individual, named by the applicant organization, who is authorized to act for the organization and to assume the obligations imposed by the State and Federal laws, regulations, requirements, and conditions that apply to grant applications and grant awards):</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:
<b>Name and Title of Authorized Representative (Optional: Individual designated by Authorized Official):</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:
<b>Name and Title of Project Director:</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:
<b>Name and Title of Chief Financial Officer:</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:
<b>Name and Title of PMT Contact Person:</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax: