

Applicant Information Form

FY21 ARP CSFRF - Automated License Plate Reader Initiative

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:
UEI Number:		Federal ID Number:
Charitable Registration Number (if nonprofit & 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.		

Name and Title of Chief Executive/Agency Director:			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

Name and Title of Project Director:			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

Name and Title of Contact Person:			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

Name and Title of Chief Financial Officer:			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

Name and Title of PMT Contact Person:			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax: