

**Applicant Information Form**

FY21 ARP CSFRF - Gunshot Detection Technology 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.		

<b>Name and Title of Chief Executive/Agency Director:</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 Contact Person:</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: