

FORM 1
Application Project Information Summary

APPLICANT AGENCY: Please use your legal name and full address. This is the fiscal agent with whom the grant agreement will be executed.	PROJECT CONTACT: Name and Address (If different from Applicant Agency)
Agency Name and Address	Project Name
Director Name	Contact Name and Address
E-Mail Address	E-Mail Address
Telephone Number	Telephone Number
Oklahoma Tax ID (Required)	Unique Entity Identifier (UEI)**
Federal Tax ID (Required)	**If you do not have a UEI number, you must go to SAM.gov Duns - Sam UEI and register. You will need to provide verification of your application for the number.

Total Amount of Funding Request:

Is the Proposed Program Evidence-Based Yes No

Name and Source of Evidenced-Based Program

New Applicant: Yes No

Estimated Total of Number of Youth and Families to be served:

Geographical Area to be served by Proposed Project: