

## LYCOMING COUNTY GRANT APPLICATION

APPLICANT INFORMATION				
Agency Name:		Federal Employer ID Number:		
Agency Contact:	V Contact: Tax Exempt ID		mber:	
		UEI Number:		
Telephone:		Applicant Type: Non-Profit Municipal College		
Email:		Authorit	y Corporation Sole Proprietorship	
PROJECT INFORMATION				
Project Title: Project Timeline:				
Project Location:	County Funds Requested:			
PROJECT FUNDING				
County Funds:		\$		
Federal Funds		\$		
State Funds		\$		
Agency Cash Match		\$		
Agency In-Kind Match \$				
Other Funds		\$		
TOTAL		\$		
SCOPE OF WORK				
Please include, on a separate sheet of paper and attach hereto, a detailed description of the project. The project description shall explain the goals/objective, outcomes/results, timeline, community served, community benefit, and the impact on quality of life.				
CERTIFICATION & ACCEPTANCE				
By signing this Application, I certify that I am duly authorized to submit this Application on behalf of the Applicant and that to the best of my knowledge, information and belief the information provided on this form, including any attachments hereto, is true and correct. Furthermore, by signing this Application, I am duly authorized to bind the Applicant to the terms and conditions of the grant and represent to the County that the Applicant authorizes and accepts to execute a Grant and Monitoring Agreement upon grant award by the County.				
Signature		Name (Printed)		
Date Title				
COUNTY USE ONLY - DO NOT COMPLETE THIS SECTION				
APPROVED FOR FUNDING	FUNDING SOURCE		NOTES	
YES NO	Act 13 Regular	Act 13 Legacy		
Date	Act 137	General Fund		
\$ Amount	Amount Other			