

# Applicant Information Form

**Agency Name**

**Authorized Official**

**UEI Number**

**CAGE/CCR Number**

**CAGE/CCR Expiration**

Month Day Year

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**Primary Contact**

**Phone Number**

**Email**

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## Project Information

**Project Title**

**If a continuation, how many victims did the program assist between 1/1/23 and 12/31/23?**

**Short Project Description**

Should Match Egrants Program Reports

**List Services Offered (with number of victims receiving each service)**

**Service Area & Parishes Served**

**Target Population**