

# Applicant Information Form

**Agency Name**

**Authorized Official**

**UEI Number**

**CAGE/CCR Number**

**CAGE/CCR Expiration**

Month Day Year

---

**Primary Contact**

**Phone Number**

**Email**

---

## Project Information

**Project Title**

**If a continuation, how many victims did the program assist between 1/1/24 and 12/31/24?**

**Short Project Description**

Should Match Egrants Program Reports

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

**Service Area & Parishes Served**

**Target Population**