

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 cases were
worked between 1/1/25 and 12/31/25?**

Short Project Description

Should Match Egrants Program Reports

List Activities Performed

Service Area & Parishes Served

Target Population