

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 1/1/25 and 12/31/25?

Short Project Description

Should Match Egrants Program Reports

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

Service Area & Parishes Served

Target Population