

AGENCY INFORMATION & SIGNATURE SHEET

Activity Title: _____

Legal Name of Agency: _____

Type of agency: () Private, nonprofit, 501(c) 3() For profit () Public

Federal ID#: _____

Total agency budget: \$ _____ and funding sources:

Application Contact:

Name: _____ Title: _____

Address: _____

Telephone Fax: _____ E-Mail Address: _____

Program Director/Manager (if different):

Name: _____ Title: _____

Address: _____

Telephone Fax: _____ E-Mail Address: _____

Fiscal Contact Information (person authorized to sign financial reports):

Name: _____ Title: _____

Signature: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Name of Agency Director: _____ **Title:** _____

Signature _____

Date _____

Note: If person authorized to sign periodic reports and/or contract changes during the fiscal year, you must notify One Place and provide an updated signature form.