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**OFFICE OF POLICY AND MANAGEMENT**

**Connecticut Keep Kids Safe Grant Program**

**GRANT APPLICATION FORM**

***COVER SHEET***

|  |  |  |
| --- | --- | --- |
| 1. Project Title | 2. Proposed Period of Award | |
| 3. Name of Organization, State Agency, Individual and Address | 4. Name, Title, Address and Phone of Official Authorized to  sign for Organization, or Agency | |
| 5. I, THE UNDERSIGNED, FOR AND ON BEHALF OF THE NAMED APPLICANT AGENCY, DO HEREWITH APPLY FOR THIS GRANT, ATTEST THAT, TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS MADE HEREIN ARE TRUE, AND AGREE TO THE GENERAL AND SPECIAL GRANT CONDITIONS ATTACHED TO THIS GRANT APPLICATION FORM.  SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:  TITLE: | | |
| 6. Name, Title, Address of **Project Director**        PHONE:  FAX:  EMAIL: | 7. Name, Title, Address of **Financial Officer**        PHONE:  FAX:  EMAIL: | |
| 8. Summary Project Description | | |
| 9. Summary Budget:  Requested Grant Funds:  Other Funds:  Total Project Cost: | |  |
| 11. Federal Employer Identification Number: | | |
|  | |  |

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**General and Special Grant Conditions**

**Certification**

I certify that I have read the above listed General and Special Grant Conditions and will comply with the regulations and guidelines noted. By appropriate language incorporated in each subgrant or subcontract under which funds are to be disbursed, the undersigned shall assure the applicable conditions above apply to all recipients of assistance.

Name and Title of Authorized Official

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Signature Date