

I: State Information

State Information

Plan Year

Start Year:

End Year:

State DUNS Number

Number

Extension

I. State Agency to be the Grantee for the Block Grant

Agency Name

Organizational Unit

Mailing Address

City

Zip Code

II. Contact Person for the Grantee of the Block Grant

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name

Last Name

Telephone

Fax

Email Address

Footnotes: