**Volunteer CENTER TITLE PAGE**

1. APPLICATION TYPE: Non-profit Organization [ ]

 Higher Education[ ]

Other: [ ]  Please describe.

2. LEGAL APPLICANT INFORMATION:

 **Organization Legal Name:** Click here to enter text.

 **Contact Person:** Contact Person first and last name.

 **Federal Employer ID Number:** Click here to enter text.

 **Unique Entity Identifier:** Click here to enter text.

 **Address:** Click here to enter text.

 **City:** Click here to enter text.

 **State: TN Zip:** Click here to enter text.

 **Phone:** (area code) phone number.

 **Email:** Click here to enter text.

 3.PROPOSED PROGRAM INFORMATION:

 **Program Title:** Click here to enter text.

 **Project Director:** Project Director first and last name.

 **Address:** Click here to enter text.

 **City:** Click here to enter text.

 **State: TN Zip:** Click here to enter text.

 **Phone:** (area code) phone number.

 **Email:** Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4. | BUDGET: | **Federal Funds Requested** |  | **Match Amount** |  | **Total** |
|  | 2024 | $ amount requested. | + | $ amount pledged. | = | $ total amount. |
|  |  | Max. 50% |  | Min. 50% |  | 100% |

5.GRANT PERIOD **Start Date:** Click here to enter a date. **End Date: December 31, 2024**

 **(No earlier than January 1, 2024)**

6.COUNTIES TO BE SERVED**:** Click here to enter text.

7. CERTIFICATION: To the best of my knowledge and belief, all data in this application are true and correct, and the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the assurances required of applicants if the assistance is approved.

**Name** **of authorized representative:** Authorized Representative first and last name.

**Title:** Click here to enter text.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.