Appendix 7

COLLEGE ACCESS CHALLENGE GRANT PROGRAM (CACGP)

TITLE PAGE

PROJECT TITLE:_____

_____

LEGAL NAME OF APPLICANT AGENCY:_____

CONTACT PERSON:_____

TITLE: _____EMAIL:_____

ADDRESS:_____

TELEPHONE:_____FAX:_____

D.U.N.S. NUMBER:_____ TAXPAYER ID #:_____

APPLICANTS:

Type of Applicant: _____ State Agency

_____ Philanthropic Organization (non-profit)

_____ Institution

BEGINNING DATE OF PROJECT:_____ENDING DATE _____

month/day/year month/day/year

TOTAL FEDERAL FUNDS REQUESTED $_____

TOTAL COMMITMENT OF NON-FEDERAL FUNDS $_____

To the best of my knowledge and belief, all data provided in this application are true and correct. The governing body of the applicant has duly authorized the application and will comply with statutory and regulatory requirements, assurances and certifications, etc.

_____

Printed Name and Title of Authorized Representative

_____ _____

Signature of Authorized Representative Date

_____ _____

Telephone Email