

ATTACHMENT B
ICDVVA GRANT APPLICATION – COVER SHEET

1. Name of Program: _____
2. Type of Program: _____
3. Address: _____
4. City: _____ State: _____ Zip: _____
5. Phone: _____ Fax: _____ E-Mail: _____
6. Lead contact person – this individual will be responsible for all communications with the ICDVVA:
7. Name: _____
8. Address: _____
9. City: _____ State: _____ Zip: _____
10. Phone: _____ Fax: _____ E-Mail: _____
11. Chief policy making officer:
12. Name: _____
13. Address: _____
14. City: _____ State: _____ Zip: _____
15. Phone: _____ Fax: _____ E-Mail: _____
16. Please list the name, address, phone number, and email address of your Board President.
17. Name: _____
18. Address: _____
19. City: _____ State: _____ Zip: _____
20. Phone: _____ Fax: _____ E-Mail: _____
21. Federal ID#: _____

Amount Requested: \$ _____