Department of Workforce Services - Utah Office of Child Care

SCHOOL-AGE QUALITY IMPROVEMENT GRANT

I. GRANT APPLICATION COVER SHEET

CONTRACTING ENTITY

Contracting Enity_____

Federal Tax ID #: _____ DUNS#:_____

This entity is a: ☐Individual/Sole Proprietor ☐For-Profit Corporation ☐Other_____

Amount of Funding Requested _____

Entity's Signature Authority:

Name:_____Title:_____

Address:_____

Phone:_____Email:_____

Electronic/Original Signature: _____Date:_____

GRANT CONTRACT ADMINISTRATOR (if different from above)

Name: _____Position:_____

Address:_____

Phone: _____Email:_____

FINANCIAL ADMINISTRATOR CONTACT (if different from above)

Name: _____Position:_____

Address:_____

Phone:_____Email:_____

ENTITY'S CURRENT DWS – OFFICE OF CHILD CARE FUNDING

Total amount of the DWS - OCC grant contract(s) the applicant has been awarded and/or receiving in *Fiscal Year 2015 (July 1, 2014 – June 30, 2015)*: _____ -**AND-** *Fiscal Year 2016 (July 1, 2015 – June 30, 2016)*: _____