

**WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR CHILDREN AND FAMILIES
 OFFICE OF OPERATIONS
 DIVISION OF GRANTS AND CONTRACTS**

**350 CAPITOL STREET, ROOM 730
 CHARLESTON, WEST VIRGINIA 25301**

FEDERAL GRANT APPLICATION COVER SHEET Private Agency

Date Submitted:

A. GENERAL INFORMATION:

Agency Legal Name:	FEIN:
Program Name:	DUNS:
Mailing Address (where to mail official documents):	Telephone:
	Fax Number:
	Contact Person:
Physical Address:	E-Mail Address:
	Operating Hours:

COUNTIES SERVED:

B. REQUIRED ATTACHMENTS: *Please check to show attached.*

- STAFF CAPABILITY: *Job descriptions for all positions paid from this grant must be attached.*
- AGENCY BOARD OF DIRECTORS: *Attach current Governing Board Roster, include names, addresses, email, and phone numbers, if a nonprofit organization.*
- AUTHORIZED SIGNATURE(S): *An Authorized Signature Form must be completed and submitted, indicating which staff person(s) and board member(s) are authorized to sign official documents, such as grants, invoices, checks, etc. Must be signed with BLUE INK.*
- LINE ITEM BUDGET: *Signed detailed line item budget of projected expenditures on the Department's standardized Budget Form. (faxed or scanned signatures are acceptable)*
- BUDGET NARRATIVE: *Written description summarizing costs charged to the grant.*
- LETTERS OF UNDERSTANDING: *If applicable – contact your contract specialist if you are unsure if this applies to your grant.*
- SUBRECIPIENT GRANTEE INFORMATION FORM – WV DHHR FINANCE A-1000: *Complete and sign form (faxed or scanned signatures are acceptable) (NOTE: BLOCK 4 ON THE A-1000 FORM MUST MATCH THE PHYSICAL ADDRESS IN SAM, including the four digit zip code extension.)*
- SYSTEM FOR AWARD MANAGEMENT (SAM) REGISTRATION: *Update SAM registration for State Fiscal Year. Expiration date must be no less than 60 days after the grant start date. Example: Grant Start Date: July 1, SAM expiration date must be August 31 or later.*
- AGENCY NAME AS LISTED WITH THE SECRETARY OF STATE:

X

Grantee Signature _____ Date _____

FOR BCF USE ONLY

X

Print Name _____ Title _____

Grants Signature _____ Date Approved _____