ATTACHMENT D

Department of Workforce Services – Community Planning Grant
Grant Cover Sheet

ORGANIZATION

Lead Organization:_____

Federal Tax ID #: _____DUNS#_____

This organization is doing business as: ☐Individual/Sole Proprietor ☐For-Profit Corporation
☐Non-Profit Organization (attach 501(c)(3) letter) ☐Government Agency

Total Grant Funds:_____

Executive Director or equivalent (person authorized to sign grant and/or contract) of lead organization:

Name:_____Position:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Telephone:_____Email:_____

LEAD STAFF (if different from above)

Name: _____Position:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Phone: _____Email:_____

FINANCIAL ADMINISTRATOR

Name: _____Position:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Telephone:_____Email:_____

COUNTY

☐ Carbon County	☐ Kane County	☐ San Juan County	☐ Utah County
☐ Grand County	☐ Millard County	☐ Sanpete County	☐ Washington County
☐ Iron County	☐ Piute County	☐ Sevier County	☐ Weber County