Appendix C: Forms and Attachments

- Interest Form
- Mailing Label
- Title Page
- Budget Form

All forms are available on the Council’s website at www.paddc.org.
Notes:
Your first step in applying for a Council grant is to send in the form below immediately. If you are considering submitting an application, please complete a separate Interest Form for each objective. Mail the form directly to the Council’s office at:

2330 Vartan Way
Suite 130
Harrisburg PA 17110

Or fax the form to (717) 657-2924.

In order to receive the Preapplication Meeting Minutes for any given activity, you must inform us of your interest in submitting an application using the Interest form below. Remember that these Preapplication Meeting Minutes may contain important information regarding the preparation of your application or any addenda to this RFA.

INTEREST FORM
I am interested in submitting an application for:
(List only one per form.)

__________________________________________________________
(Name of the objective)

RFA #: __________________

Please send Preapplication Conference minutes for this activity to:

Name: ____________________________________________________

Organization: ______________________________________________

Address: ___________________________________________________

County:___________ City/State:________________________ Zip Code:_____

Phone:________________________ Fax:________________________

E-Mail:_____________________________________________________

(If you will be submitting more than one application, please duplicate this form and submit separate forms for each application.)
Mailing Label
Please use this label form for mailing your application. You may cut this label out and firmly affix it to your application package or copy this exact format for your mailing label. We HIGHLY recommend using USPS delivery to submit your application. It is typically more cost-effective, and delivery to the receiving office is more accurate.

FROM:

RFA Number:  
Opening Date & Time:  

TO:  
Department of Human Services  
625 Forster Street  
Health and Welfare Building, Room 832  
Harrisburg, PA 17120
Request for Application Title:

Request for Application Number:

Name of Applicant:

Street/P.O. Box #:

City/State/Zip Code:

Contact Person & Title:

Telephone #: ( ) Contact E-mail:

Applicant’s Federal Identification Number: ______________________

Applicant’s Vendor Number (if applicable):_______________________

County of Applicant:

County(ies) Where Project Services Will Be Provided:

Are you applying to operate in a Federal Poverty Area: ___ yes ___no
If yes, description of why your area of operation meets the definition of Federal Poverty Area is found on page _____ of this application.

You must include the descriptions and plans to address Systems Change, Meaningful Participation, Disparate Impact and Generic Social Change, as detailed in the Grant Application Instructions of the Request for Applications book. Please note the pages in your application where those descriptions are located.

Systems Change – Page ___ Meaningful Participation – Page ___
Disparate Impact – Page ___ Generic Social Change – Page ___

Submission of this application constitutes agreement to the following:
• You certify that you will comply with all policies noted in Appendix A of the RFA Book.
• You certify that staff, once assigned, will not be transferred to other projects without the prior consent of the Council.
• You certify that you are willing to work with other Council grantees as seen as appropriate by the Council.

The authorized signature on this Title Page indicates the applicant’s acceptance of the condition that this application remains valid for 150 days from the date of submission.

________________________________________________
(Signature of Applicant’s Authorized Official)

________________________________________________
(Printed Name and Title of the Authorized Official)
GRANTEE NAME: ______________________________________________________

GRANT PERIOD: FROM______________, 20____ TO_________________, 20 _____

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SUBTOTAL PERSONNEL:

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SUBTOTAL OPERATIONS:

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SUBTOTAL INDIRECT COSTS:

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