**Partnership for Children of Cumberland County**

**351 Wagoner Drive, Fayetteville, NC 28303**

**Phone: (910) 867-9700 Fax: (910) 867-7772**

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| APPLICANT INFORMATION | | | | | | |
| **PROJECT/ACTIVITY NAME:** | | | | | | |
| **SMART START FOCUS AREA:**  EARLY CHILDHOOD EDUCATION  FAMILY SUPPORT  HEALTH  ADMINISTRATION/PROGRAM SUPPORT (PFCCC ONLY) | | | | | | |
| **AGENCY/ORGANIZATION/APPLICANT NAME:** | | | | | | |
| **Type of organization:**  Private For-Profit Agency | Public Government Institution/Agency  501(c)(3) Non-Profit With Tax-Exempt Status | | | Sponsored by a 501(c)(3) Organization  Other | | |
| **Federal ID Number:** | | **Date Established:** | | | | |
| **Mailing Address:** | | | | | | |
| **Street Address**: | | | | | | |
| **Program Contact Name:** | | **Phone:** | | | **Fax:** | |
| **Email Address:** | | | | | | |
| **Fiscal Contact Name:** | | **Phone:** | | | **Fax:** | |
| **Email Address:** | | | | | | |
| **Authorized Organization Signee Name:** | | | **Title:** | | | |
| **Authorized Signee Signature: (REQUIRED)** | | | | | | **Date:** |
| **Funding Request Amount for 2021-22**  ADMINISTRATIVE SUPPORT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Only applicable to Subsidy Programs)  PROGRAM SERVICES GRANT REQUEST: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |