

Attachment B

**Office of Vocational Rehabilitation
and
Statewide Independent Living Council
Request for Application (RFA)
Statewide Support Services Provider (SSP) Project Application**

GRANT APPLICANT NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	
EXECUTIVE DIRECTOR NAME		
EXECUTIVE DIRECTOR EMAIL ADDRESS	EXECUTIVE DIRECTOR TELEPHONE NUMBER	
CONTACT PERSON NAME AND TITLE		
CONTACT PERSON EMAIL ADDRESS	CONTACT PERSON TELEPHONE NUMBER	
COUNTIES TO BE SERVED BY THIS PROJECT		
A DUN AND BRADSTREET D-U-N-S® NUMBER IS REQUIRED	FEIN#	SAP VENDOR #
FUNDING REQUEST	SMALL DISADVANTAGED BUSINESS YES NO	
Authorized Individual		
AUTHORIZED INDIVIDUAL NAME		
SIGNATURE OF AUTHORIZED INDIVIDUAL	DATE SIGNED	