Direct Care Worker Job Quality Grant

Project Summary Cover Page

| Name of Applicant: |
|---|
| Name of Fiscal Agent: |
| Vendor ID Number: |
| Project Title: |
| Project Counties: |
| Project Partners: |
| |
| Project Service Area - local township/city/municipality, and State House and Senate legislative districts to be served: |
| |
| |
| Brief Project Summary including which two Principles will be primary areas of focus: |
| |
| |
| |
| |
| Project Point of Contact and Contact Information: |