

Instructions for Grant Assistance Form

- 1. Legal Name and Address.** Enter the legal name of applicant and the name of the primary organizational unit which will undertake the assistance activity.
- 2. State Identification Code Number.** Enter the applicant's SIC Number. If your organization does not have a SIC Number, enter N-O-N-E.
- 3. Tax Identification Number.** Enter the taxpayer's identification number as assigned by the Internal Revenue Service.
- 4. Dakota 911 Conference Control Number.** Do not fill out. This item is completed by Dakota 911 Conference for tracking/management purposes.
- 5. Project Director.** Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application.
- 6. First Application.** Check "Yes" or "No" depending on whether applicant has ever requested grant assistance from Dakota 911 Conference, Inc.
- 7. Debt Delinquency.** Check "Yes" if the applicant's organization is delinquent on any debt. (This question refers to the applicant's organization and not to the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.) Otherwise, check "No."
- 8. Type of Applicant.** Enter the appropriate letter in the box provided.
- 9. Related Application Identifier.** Specify ID of other grants used for this program.
- 10. Type of Submission.** Check the appropriate category.
- 11. Project Title.** Enter a brief descriptive title of the project. If more than one program is involved, append an explanation on a separate sheet. Use of a separate sheet to provide a summary description of this project is always appropriate.
- 12. Proposed Project Dates.** Enter the month, day, and four (4) digit year (mm/dd/yyyy).
- 13. Estimated Funding.** Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate **only** the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 13.
- 14. Certification.** To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. Be sure to enter the telephone and fax number and e-mail address of the authorized representative. Also, in item 13.e, enter the month, day, and four (4) digit year (mm/dd/yyyy) in the date signed field.