|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Moon over the mountain 1Vermont Department of Public SafetySubaward Application | | | | | | | | | | | | | | | | | | | | | | |
|  | Submit to:  Department of Public Safety  Financial Office  45 State Drive  Waterbury, VT 05671-1300 | | | | | Not later than:  **August 01, 2018** | | | | | | | | | | | | | | | | | |
| 1. Applicant Information and Identification: | | | | | | | | | | | | | | | | | | | | | |  | |
| Applicant Agency: | | |  | | | | | | | | | | | | | | | | | | |  | |
| Address: | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | County: | | | | | | |  | | | |
| Authorizing Official: | | |  | | | | | | | | Title: | | | | | | |  | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | |
| Project Director: | | |  | | | | | | | | | | Title: | | | | |  | | | |  | |
| Telephone: | | |  | | | | | | Fax: | | | |  | | | | | | | | |
| E-Mail: | | |  | | | | | | | | | | | | | | | | | | |
| Federal Tax Id #: | | |  | | DUNS#: | | |  | | | | | | Expiration: | | | | |  | | |  | |
| Vermont Business Account Number | | |  | | | | | | | | | | | | | | | | | | |
| Fiscal Entity: | | |  | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| Fiscal Year: | | |  | Start: | |  | | | End: | | |  | | | | | | | | |  |
| Fiscal Agent: | | |  | | | | | | | | | Title: | | | |  | | | | | |
| Signature: | | |  | | | | | | | Email: | | | | |  | | | | | | |
| Proposed Budget Summary | | | | | | | | | | | | | | | | |  | | | TOTAL | |  | |
| Salaries And Benefits | | | | | | | | | | | | | | | | | $ | | |  | |
| Contractual | | | | | | | | | | | | | | | | | $ | | |  | |
| Supplies | | | | | | | | | | | | | | | | | $ | | |  | |
| Travel And Mileage | | | | | | | | | | | | | | | | | $ | | |  | |
| Equipment | | | | | | | | | | | | | | | | | $ | | |  | |
| Other Direct Costs | | | | | | | | | | | | | | | | | $ | | |  | |
| Indirect Costs | | | | | | | | | | | | | | | | | $ | | |  | |
| Required Match (If Applicable) | | | | | | | | | | | | | | | | | $ | | |  | |
| Total Expenses | | | | | | | | | | | | | | | | | $ | | |  | |

# Grant Application Cover Sheet Guidelines for Subaward of Federal Funds

1. Cover Sheet: Make sure all fields are complete. Your fiscal agent should have the DUNS number, expiration date and Vermont Business Account Number. If your agency or nonprofit does not have a DUNS (Data Universal Numbering System) number, go to Dun and Bradstreet’s website and obtain a DUNS <https://www.dandb.com/free-duns-number/> after your DUNS is activated then you need to register your DUNS in the System for Award Management website at <https://www.sam.gov/portal/SAM/#1>. There are tabs on the site you may find helpful. There is no cost to register at D&B and SAM. If your business is not required to have a Vermont Business Account Number place “Not Required” in the line provided. Please include this coversheet with your application and supporting documents.