**Applicant Profile**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization:** | | | | |  | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | |
| **Project Title:** | | | |  | | | | | | | | | |
| **Duration:** | | |  | | | | | **RFA #:** | | |  | | |
|  | | | | | | |  | | | | | | |
| **Original Budget** | | | | | | | **revised Budget** | | | | | | |
| **Personnel** | | | | | | $ | **Personnel** | | | | | | $ |
| **Fringe Benefits** | | | | | | $ | **Fringe Benefits** | | | | | | $ |
| **Contracts** | | | | | | $ | **Contracts** | | | | | | $ |
| **Supplies** | | | | | | $ | **Supplies** | | | | | | $ |
| **Equipment** | | | | | | $ | **Equipment** | | | | | | $ |
| **Operating cost** | | | | | | $ | **Operating cost** | | | | | | $ |
| **total Amount:** | | | | | | **$** | **Total Amount:** | | | | | | $ |
| **Programmatic Contact** | | | | | | | **Financial Contact** | | | | | | |
| Name |  | | | | | | Name: | |  | | | | |
| Title: |  | | | | | | Title: | |  | | | | |
| Phone: |  | | | | | | Phone: | |  | | | | |
| Email: |  | | | | | | Email: | |  | | | | |
| **Applicant Authorized Official Contact** | | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | | |  | | | |
| Title: |  | | | | | | Email: | | |  | | | |
|  | | | | | | | | | | | | | |
| **applicant certification** | | | | | | | | | | | | | |
| The application is made a grant under the Workforce Investment Council (WIC), FY 21 Healthcare Sector Partnership grant administered by the WIC. Funds awarded pursuant to this application will not be used to supplant or replace funds or other resources.  I certify that this application, if awarded, will conform to the conditions set forth by the Workforce Investment Council. | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | |
| **Authorized Official from Grantee Organization (PRINT)** | | | | | | | | | | | | **Date** | |
|  | | | | | | | | | | | | | |  |
| **Authorized Official from Grantee Organization (SIGNATURE)** | | | | | | | | | | | | | |  |
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